

**IOWA BOARD OF PSYCHOLOGY**  
IOWA DEPARTMENT OF PUBLIC HEALTH  
LUCAS STATE OFFICE BLDG, 5<sup>TH</sup> FLOOR  
321 E 12TH STREET, DES MOINES, IOWA 50319  
<http://idph.iowa.gov/Licensure/Iowa-Board-of-Psychology>

**SUPERVISION REGISTRATION**

*Supervised Professional Experience Requirements are found at: 645—IAC 240.5, 240.6, and 240.9*

Applicant or Supervisee name: \_\_\_\_\_

**Supervisor Instructions for completing this form**

Applicants for a license to practice psychology shall register with the Board of Psychology. It is the responsibility of the unlicensed person to notify the Board of the name and address of the supervising psychologist. The supervising psychologist must be actively licensed and shall complete the following information.

**Supervision information**

1. Academic training of supervisee: \_\_\_\_\_
2. Services being rendered by supervisee: \_\_\_\_\_  
\_\_\_\_\_
3. Nature of supervision being provided: \_\_\_\_\_  
\_\_\_\_\_

**Complete this section only if off-site supervision is provided. You may attach additional information if needed.**

1. Describe the off-site arrangement: \_\_\_\_\_  
\_\_\_\_\_
2. Is reasonable supervisory access provided to the clinical records corresponding to the work being supervised?  
\_\_\_\_\_
3. Describe on-site emergency consultation to be provided by a licensed mental health provider or primary care provider. (Not required if supervisee is working off-site at a K-12 school.)  
\_\_\_\_\_

**Supervisor information:**

1. Name: \_\_\_\_\_
2. Organization or agency: \_\_\_\_\_
3. Address: \_\_\_\_\_  
Street City State/Zip
4. State(s) in which licensed/certified and license number(s): \_\_\_\_\_
5. Listed in National Register of Health Service Providers in Psychology?  Yes  No
6. Certified as Health Service Provider in Psychology by Iowa Board?  Yes  No  
Other state boards?  Yes  No

I hereby attest that all the above information is true and correct to the best of my knowledge. I further attest that I have reviewed and will comply with the supervised experience/supervision requirements stated in the board rules.

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Signature of Applicant

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Signature of Supervisor

*Supervision Registration*  
*Revised 11/11/20*