Supervision Registration

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

Requirements for supervised professional experience are located in 481 lowa Administrative Code (IAC) 885.14.

Name of	Applicant,	/Supervisee:							
Super	visor Ir	nformation							
Name: _									
Organiza	tion or Age	ency:							
Address:					City, State, Zip:				
Email:									
License(s) / Certifica	ation(s): State(s) &	license nun	nber(s):					
Yes □ Yes □	No □	Supervisor listed in the National Register of Health Service Supervisor certified as a Health Service Provider in Psych						:13 III F 3 y	chology:
		In Iowa:	Yes □	No □					
		Other States:	Yes □	No □					
		If Yes, List State	:S:						
Inforn	nation	about Supe	rvision						
		of Supervisee:							
		dered by Supervise							
Nature o	t Supervisio	on Being Provided	:						

Complete the following section only if off-site supervision is provided. You may attach additional information if needed.								
Describe the off-site arrangement:								
Is reasonable supervisory access provided to the clinical records corresponding	ing to the work being supervised?							
Describe on-site emergency consultation to be provided by a licensed menta provider. (Not required if supervisee is working off-site at a K-12 school.)								
Attestation								
I hereby attest that all of the information above is true and correct to the best have reviewed and will comply with the supervised experience/supervision research.								
Signature of Applicant:	Date:							
Signature of Supervisor:	Date:							

Department of Inspections, Appeals, & Licensing

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