IOWA | Department of Inspections, Appeals, & Licensing

Supervision Registration

Applicants for a license to practice psychology shall register and make an 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.

Name of Applicant/Supervisee: _____

Supervisor Information

Name: _____

Organization or Agency: _____

Address: _____

City, State, Zip: _____ Email: _____

License(s)/Certification(s): State(s) & license number(s): _____

_____

Yes ☐ No ☐ **Supervisor listed in the National Register of Health Service Providers in Psychology?**

Supervisor certified as a Health Service Provider in Psychology?

Yes ☐ No ☐ **In Iowa**

Yes ☐ No ☐ **Other States**: _____

Information about Supervision

Academic Training of Supervisee: _____

Services Being Rendered by Supervisee: _____

_____

Nature of Supervision 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 to the work being supervised? _____

_____

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.) _____
_____

Attestation

I hereby attest that all the information above 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.

Signature of Applicant: _____ Date: _____

Signature of Supervisor: _____ Date: _____

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