



## Application for Psychology Provisional License

Complete the application, and sign in ink. No application will be considered complete until all required supporting documents and fees have been received in the board office. The application fee is \$120. Submit the fee by check or money order with this application made payable to the Board of Behavioral Science (Psychology). **The fee is non-refundable.**

**Name** (Last, First, Middle): \_\_\_\_\_

**Other Names** (if any): \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Daytime Phone Number:** \_\_\_\_\_ **Gender** (optional): **Female**  **Male**

**Date of Birth:** \_\_\_\_\_ **Social Security Number\*:** \_\_\_\_\_

\*This information is collected pursuant to Iowa Code Chapters 252J, 261 & 272C. Failure to provide mandatory information will result in license denial. Privacy Act Notice: Disclosure of your Social Security Number on this license application is required by 42 U.S.C. § 666(a)(13) and Iowa Code § 252J.8(1). The number will be used in connection with the collection of child support obligations and as an internal means to accurately identify licensees, and may be shared with taxing authorities as allowed by law including Iowa Code § 421.18.

## Education & Experience

**Name of School:** \_\_\_\_\_ **Graduation Date:** \_\_\_\_\_

**Agency of Internship/Practicum:** \_\_\_\_\_

**Address of Agency:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

### Training Director/Supervisor

**Name:** \_\_\_\_\_ **License #:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

## Background Information

The following questions must be answered. If you answer “Yes” to any of the questions, please attach the following:

- A signed letter of explanation providing the details of the incident;
- A copy of any court ordered evaluations, showing completion and recommendations; and
- A copy of all official court documents regarding your conviction and/or malpractice suit, including final disposition and/or settlement.

**Note:** You must answer “Yes” even when a conviction or judgment has been deferred or expunged from your record.

Yes  No  Have you been convicted, found guilty of or entered a plea of guilty or no contest to a felony or misdemeanor crime (Other than minor traffic violations with fines under \$500)?

Yes  No  Have you had any judgments or settlements paid on your behalf as a result of a malpractice suit or claim against you?

Yes  No  Have you been investigated by a licensing, registration, or certification authority or organization; or had a licensing, registration, or certification authority or organization institute disciplinary action against you related to your professional practice? If the investigation or action was instituted by this licensing board you may answer “NO” to this question.

Yes  No  Have you been disciplined or sanctioned by any licensing, registration, or certification authority or organization related to your professional practice? If this licensing board took the disciplinary action, you may answer “NO” to this question.

## Health Notice

The board recognizes that licensees may struggle with health concerns, just like their patients, including mental health conditions, physical disabilities, and substance use disorders, which may impact practice. The board expects its licensees to properly address health concerns by seeking medical care, and/or limiting their practice, when appropriate.

The board encourages licensees to utilize its practitioner health programs when the symptoms of a health concern may have the potential to impair the ability to practice. More information can be found here: <https://dial.iowa.gov/i-need/licenses/medical/iowa-professional-health-programs>.

The inability of a licensee to meet the minimum standard of care as a result of inadequately addressing any health condition, which may impair their ability to practice with reasonable skill and safety to patients, could result in board review.

Yes  No  I have read and understand the statements above.

## Required Documentation

**Predoctoral Internship**

- Copy of the acceptance letter for the predoctoral internship.

**Postdoctoral Residency**

- Final transcript showing that the degree was conferred.
- Copy of the completed supervision plan form.

## Applicant Certification

With my signature, I certify that I have carefully read the questions on this application and have answered them completely and truthfully. I declare, under penalty of perjury, that my answers, and all other statements or information submitted by me in this application process, are true and correct. If it is determined at any time that I have provided misleading or false information on or in support of this application, I understand that my application may be denied or that I may be subject to disciplinary action and criminal prosecution if I am already licensed.

I understand that I am required to update answers or information submitted herewith if the response or the information changes during the time period the application is pending. I also understand that this application is a public record in accordance with Iowa Code, Chapter 22, and that application information is public information, subject to the exceptions contained in Iowa law. Finally, in submitting this application, I consent to any reasonable inquiry that may be necessary to verify the information I have provided on or in conjunction with this application.

I attest that I do not have a medical condition which impairs or limits my ability to practice my profession with reasonable skill and safety and understand that I must notify the Board should such a condition arise which impairs or limits my ability to practice my profession with reasonable skill and safety.

**Signature** (in ink): \_\_\_\_\_

**Date:** \_\_\_\_\_

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**Applications must be complete and signed in ink to be processed.** Questions regarding the application process may be directed to [plpublic@idph.iowa.gov](mailto:plpublic@idph.iowa.gov) or by phone to 515-281-0254. An applicant, who has been denied licensure by the board, may appeal the denial and request a hearing on the issues related to licensure denial by serving a notice of appeal and request for hearing upon the board not more than 30 days following the date of mailing of the notification of licensure denial to the applicant.

### **Department of Inspections, Appeals, & Licensing**

Iowa Board of Behavioral Science (Psychology)

6200 Park Avenue, Suite 100

Des Moines, IA 50321-1270

Email: [plpublic@idph.iowa.gov](mailto:plpublic@idph.iowa.gov)

Phone: 515-281-0254