IOWA BOARD OF PSYCHOLOGY
IOWA DEPARTMENT OF PUBLIC HEALTH
LUCAS STATE OFFICE BLDG, 5TH FLOOR
DES MOINES, IOWA 50319-0075
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: _____

Instructions:
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 shall complete the following information and file it with the Board.
The supervisor's signature must be notarized.

Supervision information:

1. Academic training of supervisee: _____

2. Nature of services being rendered by supervisee: _____

3. Nature of supervision being provided: _____

_____

Complete this section if requesting offsite supervision pursuant to 645--IAC 240.6(2)a.3. Board approval is required. You may attach additional information if needed.

1. Proposed offsite supervision arrangement (provide a detailed explanation):
_____

2. Plan for onsite emergency coverage by other professionals:
_____

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. Specialty boards: ☐ Yes ☐ No
6. Listed in National Register of Health Service Providers in Psychology? ☐ Yes ☐ No
7. 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.

_____ _____
Signature of Applicant (Notarized) Signature of supervisor

Revised 3/18/2016