

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

Application Guidelines are found at:
<https://idph.iowa.gov/Licensure/Iowa-Board-of-Psychology/Licensure>

SUPERVISOR CONFIRMATION FORM for HSP

Iowa Licensed Psychologist / Applicant _____

The above named psychologist has applied for Iowa certification as a **Health Service Provider in Psychology (HSP)**. You are identified by the applicant as a direct supervisor for all or a portion of the required postdoctoral clinical experience in a health services setting. The requirements are found at 645—IAC 240.7. Note: Do not include academic teaching or research. Please complete this form and return it to the Board of Psychology. Thank you for your assistance.

SUPERVISOR CREDENTIALS

Name: _____

Organization or agency: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Are you listed in the National Register of Health Service Providers in Psychology or certified as a Health Service Provider in Psychology by the Iowa Board? Yes No Other States? Yes No

Highest Degree Earned: _____ Degree Program: _____

State(s) Licensed/Certified: _____ License number(s): _____

Specialty Boards Yes No Certifications _____

Dates of my supervision of the above-named applicant for certification:

1. From: _____ to: _____
(month/day/year) (month/day/year)
2. Number of hours of applicant clinical experience per week _____
3. Total number of hours of applicant clinical experience _____
4. Number of individual, in person or remote, face to face supervision hours per week for the period listed _____
5. Total number of individual, in person or remote, face-to-face supervision hours for the period listed: _____
6. Name of agency or organization _____
7. My title at the time: _____
8. Applicant's title at the time: _____

I hereby attest that all the above information is true and correct to the best of my knowledge.

Signature: _____

Title: _____

Date: _____

