For Office Use Only	☐ $60

Application for Exemption to Psychology Licensure

IC 154B.3(5) and 645—IAC 240.8

Iowa Department of Public Health/Bureau of Professional Licensure

PLEASE PRINT **Instructions are found on page 2**

1. _____ 2. _____
Last Name *First Name and Middle Name*

3. _____
Mailing Address (Including PO Box if applicable)

4. _____ 5. _____
City, State, Zip Code *E-Mail Address*

6. _____ 7. _____ 8. _____-_____-_____
Daytime Phone (Including Area Code) *Date of Birth* *Social Security Number**

9. ☐ Male ☐ Female 10. _____
Gender (optional question) *If any of your documentation is in a name other than your current name, list the previous names of record.*

The following questions must be answered. If you answer "Yes" to question 10 – 15 below, (1) attach a signed letter of explanation providing the details of the incident, (2) attach a copy of any court ordered evaluations, showing completion and recommendations, and (3) attach a copy of all official court documents regarding your conviction/malpractice suit, including final disposition and/or settlement. You must answer "Yes" even when a conviction or judgment has been deferred or expunged from your record.

11. 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
12. Had any judgments or settlements paid on your behalf as a result of a malpractice suit or claim against you?	Yes No
13. 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
14. 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).	Yes No
15. Developed a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? (If you are currently a participant in the Impaired Practitioner Review Committee, you may answer "NO" to this question.)	Yes No
16. Been engaged in illegal or improper use of drugs or other chemical mood altering substances? (If you are currently a participant in the Impaired Practitioner Review Committee, you may answer "NO" to this question.)	Yes No

17. **Credentials**:
Degree _____ Area _____

Board certifications, HSP, or other _____

18. Are you or have you ever been licensed or certified as a psychologist by a Board of Psychology in Iowa or any other jurisdiction? Yes ☐ No ☐

If yes, list the two letter postal codes of the state(s) below.
(*Please note: Official verification must be received directly from each state board office to complete your application*.)

_____ _____ _____ _____

19. **SUMMARY OF INTENT TO PRACTICE**

Include a description of services and to whom services will be provided, with anticipated dates or timeframes.

Effective Dates: _____

(*Note: Cannot exceed 10 consecutive business days, or 15 business days in a 90-day period*)

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.

*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.

20. _____ _____

Applicant must sign in ink **Date**

APPLICANT CHECKLIST AND INSTRUCTIONS: Print in ink or type. Supporting documents and fees are required for an application to be considered complete. Payment can be made by check or money order payable to the Iowa Board of Psychology Examiners.

- ☐ **Non-refundable** application fee of $60. Payment can be made by check or money order, payable to the Iowa Board of Psychology.
- ☐ **Written Summary of Intent to Practice -** You may use the application or attach a separate sheet**.**
- ☐ **Official Verification of licensure** from all state(s) in which you have been licensed or are currently practicing. This must include license number, issue date, expiration date and any pending or past disciplinary action. Verification(s) must be sent from the licensing agency directly to the Iowa board office.

Applications must be complete and signed to be processed. No application will be considered complete until all required supporting documents and fees have been received in the board office. Questions regarding the application process may be directed to 515 281-4287 or karla.hoover@idph.iowa.gov. 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. **Mail the original completed application bearing signature in ink to:**

Mail the original completed application bearing signature in ink to:

Iowa Board of Psychology
Bureau of Professional Licensure
Lucas State Office Building, 5th Floor
321 E 12th St.
Des Moines, IA 50319-0075

www.idph.state.ia.us/licensure

Exemption to Psychology Licensure

Name _____ Date Received _____

FOR OFFICE USE ONLY

☐ Approved ☐ Disapproved

Duration: Beginning Date: _____ End Date:_____

Board Signature: _____ Date:_____

Comments:_____

Revised 12/28/12