

Application for Conditional Prescribing Psychologist Certificate

Iowa Department of Public Health/Bureau of Professional Licensure

PLEASE PRINT

1. _____ 2. _____
Last Name *First Name and Middle Name*
3. _____
Mailing Address
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 any of the following questions, (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. 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 Program, you may answer "NO" to this question.)	Yes	No

16. Iowa Psychology License No. _____ Health Services Provider (HSP) license No. _____
(License and HSP must be active and in good standing)

17. Degree in Psychopharmacology (requires official transcript)

Have you completed a postdoctoral MS Degree in clinical psychopharmacology from a program designated by the American Psychological Association (APA) as a program for the psychopharmacology training of post-doctoral psychologists? Yes No Degree date: _____

Name of program/university _____

Name of training director _____

Number of credit hours, not including practicum _____

Was a minimum of 1/3 of the coursework in a live interactive format? Yes No

18. Supervised Clinical Experience (requires verification)

Have you completed all requirements stated in the Board rules at 645—IAC 244.3(2)? Yes No

Name of training physician(s) _____

Dates of the clinical experience with each physician _____

Total number of patient encounters _____

19. Practicum (requires verification)

Have you completed all requirements stated in the Board rules at 645—IAC 244.3(3)? Yes No

Name of training physician(s) _____

Dates of the practicum _____

Total number of practicum hours _____

Number of practicum hours in a psychiatric setting _____

Number of practicum hours in a primary care or community mental health setting _____

Total number of individual patients _____

20. Examination (requires official exam results)

Have you passed the Psychopharmacology Examination for Psychologists (PEP)? Yes No

21. Do you currently possess malpractice insurance that covers the prescribing of psychotropic medications?

Yes No

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 during 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 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.

Applicant must sign here

Date

Privacy Act Notice: Disclosure of your Social Security number on this application is required by 42 U.S.C. section 666(a)(13) and Iowa Code sections 252J.8(1) and 272D.8(1). The number will be used in connection with the collection of child support obligations and debts owed to the state of Iowa, and as an internal means to accurately identify licensees, and may be shared with taxing authorities as allowed by law, including Iowa Code section 421.18. NOTE: 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. Allow four (4) weeks for processing from the time ALL documents are received. Licensure applications are maintained in the board office for two years. 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.

Conditional Prescribing Psychologist Certificate Documentation Required

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

Instructions: Mail the application, fee and transcripts to the above.

- Application and fee (\$270). **All application fees are nonrefundable.** Make check or money order payable to the Iowa Board of Psychology.

All of the following must be submitted. Additional documentation may be required.

- Official transcript of a postdoctoral MS Degree in clinical psychopharmacology from a program designated by the APA as a program for the psychopharmacology training of post-doctoral psychologists (must be sent by the school). The date of degree conferral must be within 5 years of the date of receipt of this application. The transcript must verify completion of the required credit hours and prescribed coursework. (REF:645—IAC 244.3)

The following documents may be e-mailed to: plpublic@idph.iowa.gov

- Documentation of training director (REF: 645—244.3)
The certification form is located on the website:
<https://idph.iowa.gov/Licensure/iowa-Board-of-Psychology/Licensure>
- Documentation of training physicians (REF: 645—244.3)
The certification form is located on the website:
<https://idph.iowa.gov/Licensure/iowa-Board-of-Psychology/Licensure>
- Proposed supervision plan (REF: 645—244.4(1))

- The proposed supervision plan must meet all requirements stated in 645—244.4(1).
- Signatures of the licensed psychologist and all supervising physicians are required.

- Upon approval of the supervision plan, a copy will be transmitted to the Board of Medicine.

- The conditional prescribing psychologist must notify the Board of any amendments to the supervision plan, including the addition of any supervising physicians, within 30 days of the change.

- The conditional prescription certificate is valid for 4 years from the date of issuance.
Requests for extension of the certificate require additional documentation.