

# Application for Psychology Provisional Licensure

## 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 next six 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 Review Committee, you may answer "NO" to this question.)	Yes	No
16. 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

**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.

17. \_\_\_\_\_  
**Applicant must sign here in ink** **Date**

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**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.

**Provisional License Application**

Non-refundable application fee: \$120. Payment can be made by check or money order, payable to the Iowa Board of Psychology.

**In addition, all of the following are required:**

Official school transcripts and notarized supervision plan.

**Applications must be complete and signed in ink 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](mailto: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:**

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