

# Wisconsin Department of Safety and Professional Services

**Mail To:** P.O. Box 8935  
Madison, WI 53708-8935  
**FAX #:** (608) 251-3036  
**Phone #:** (608) 266-2112

**Office Location:** 4822 Madison Yards Way  
Madison, WI 53705  
**E-Mail:** [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)  
**Website:** <http://dsps.wi.gov>

## PSYCHOLOGY EXAMINING BOARD

### INFORMATION FOR INTERIM PSYCHOLOGIST LICENSE REQUEST

Pursuant to [Wis. Stat. § 455.04\(2\)](#), an applicant, who is at least 18 years of age, may request an interim psychologist license if the following requirements have been met:

1. [LicenseE](#) online psychologist application, Form #1634, and applicable fees. (Pay fees and upload Form #1634 via LicenseE.);
2. Subject to Wis. Stat. §§ [111.321](#), [111.322](#), and [111.335](#), applicant does not have a conviction record (Submit Form [#2252](#) and additional \$8.00 fee, if applicable.);
3. Evidence satisfactory to the examining board of a doctoral degree in psychology from a program accredited by an organization approved by the examining board or other academic training that the examining board determines to be substantially equivalent on the basis of standards established by Wisconsin Administrative rule. (The examining board may require examinations to determine the equivalence of training for individuals holding doctoral degrees in psychology from non-American universities.);
4. Evidence of at least 1,500 hours of experience in a successfully completed internship, accrued *after* the completion of all doctoral level coursework ([Form #2555](#) Category A) ; **and**
5. Evidence of passing a written examination on Wisconsin state law related to the practice of psychology.

**An individual with an interim psychologist license may provide psychological services only under the supervision of qualified supervisors, as determined by the examining board.**

A license issued under [Wis. Stat. § 455.04\(2\)](#) is valid for two (2) years or until the individual obtains a license under [Wis. Stat. § 455.04\(1\)](#) and may not be renewed except that the examining board may promulgate rules specifying circumstances in which the examining board, in cases of hardship, may allow an individual to renew a license issued under [Wis. Stat. § 455.04\(2\)](#). Notwithstanding sub. (2), an individual holding a license issued under [Wis. Stat. § 455.04\(2\)](#) is not required to complete continuing education.

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## PSYCHOLOGY EXAMINING BOARD INTERIM PSYCHOLOGIST LICENSE REQUEST

<input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
<b>Applicant Name</b>	<b>Date of Birth</b>	<b>Application Number</b>

In addition to this form (#1634) and the non-refundable \$10.00 interim license fee, an applicant, who is at least 18 years of age, must meet all of the following requirements before an interim license application can be processed:

- 1) Submittal of [LicensE](#) online psychologist application, Form #1634, and applicable fees. (Pay fees and upload Form #1634 via LicensE.);
- 2) Subject to Wis. Stat. §§ [111.321](#), [111.322](#), and [111.335](#), does not have a conviction record (Submit Form [#2252](#) and additional \$8.00 fee, if applicable.);
- 3) Provision of evidence satisfactory to the examining board of a doctoral degree in psychology from a program accredited by an organization approved by the examining board, or other academic training that the examining board determines to be substantially equivalent on the basis of standards established by Wisconsin Administrative rule. (The examining board may require examinations to determine the equivalence of training for individuals holding doctoral degrees in psychology from non-American universities.);
- 4) Submitted evidence of at least 1,500 hours of experience in a successfully completed internship, accrued *after* the completion of all doctoral level coursework ([Form #2555](#) Category A); and
- 5) Passing score on a written examination on Wisconsin state law related to the practice of psychology. ([Wis. Stat § 455.04\(2\)](#)).

A license issued under [Wis. Stat. § 455.04\(2\)](#) is valid for 2 years or until the individual obtains a license under [Wis. Stat. § 455.04\(1\)](#) and may not be renewed, except that the examining board may promulgate rules specifying circumstances in which the examining board, in cases of hardship, may allow an individual to renew a license issued under [Wis. Stat. § 455.04\(2\)](#). Notwithstanding sub. (2), an individual holding a license issued under [Wis. Stat. § 455.04\(2\)](#) is not required to complete continuing education.

**I, the above-named applicant, will be supervised at the address listed below and will provide psychological services only under the supervision of qualified supervisors, as determined by the examining board. ATTESTATION OF APPLICANT:** I declare that I am the person referred to on this form and that all information required to be completed by me (the applicant for a credential), is complete and accurate to the best of my knowledge and belief. Finally, I declare that I understand that failure to provide the requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential may result in credential application processing delays; denial, revocation, suspension, or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. By signing below, I am signifying that I have read and understand the above declarations. I hereby authorize the school named below to provide the Department with the information requested below.

<input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>
<b>Applicant Signature</b> (Print and Sign Form)	<b>Date</b>

### Supervisor Information

<input type="text"/>	<input type="text"/>	<input type="text"/>	
<b>Supervisor's Printed Name</b>	<b>Title</b>	<b>Supervisor's WI License #</b>	
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Ext: <input type="text"/>	
<b>Facility Name</b>	<b>Supervisor's Work Phone Number</b>		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Facility Address</b> (number/street)	(city)	(state)	(zip code)