



CHECKLIST FOR RENEWAL OF INDEPENDENT PRACTICE  
ENDORSEMENT

Name \_\_\_\_\_

Address \_\_\_\_\_

- IASP renewal application completed (both sides) and signed
- NCSP documentation. Expiration date of NCSP: \_\_\_\_\_  
or
- Documentation of 75 hours of renewal activity.

**IASP office use only**

Action Recommended:

- The applicant is recommended for renewal of the independent practice endorsement.
- The applicant did not meet application requirements.
- Application is incomplete. Needed: \_\_\_\_\_

IPE # \_\_\_\_\_ IPE Exp Date: \_\_\_\_\_

Reviewed by:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

# IPE RENEWAL APPLICATION

Return completed application materials to  
 Indiana Association of School Psychologists  
 125 West Market Street, Suite 300  
 Indianapolis, IN 46204  
 Telephone number: (317)472-6955, (866)518-4472

**Directions:** Answer all questions. *Please type or print legibly.* Return this application to the address above.  
 IPE Renewals will be processed on the 25th of the month.

1. Name of applicant [ <i>last, first, middle, (maiden)</i> ]	
2. Address ( <i>number and street, city, state, ZIP code</i> )	
3. Home telephone number ( <i>include area code</i> )	4. Work telephone number ( <i>include area code</i> )
5. E-mail address	6. Date of birth ( <i>month, day, year</i> )
7. Indiana Professional Educator's License Number and Expiration Date	
8. Nationally Certified School Psychologist Number and Expiration Date ( <i>Please enclose a copy of your current NCSP certificate or card, if applicable.</i> )	
Please answer the following questions. If you answer "Yes" to ANY of these questions explain fully, in a sworn affidavit, including all relevant details. Describe the event including location, date, and disposition. If malpractice, provide name of plaintiff. Falsification of any of the following is grounds for permanent revocation of an endorsement.	
9. Has disciplinary action ever been taken regarding any school psychology license, certificate, registration, or permit you hold or have held? <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Have you ever been denied a license, certificate, registration, or permit to practice school psychology or any regulated health or school occupation in any state or country? <input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Are you now being, or have ever been treated for a drug abuse or alcohol problem? <input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Have you ever been convicted, pled guilty to, pled nolo contendere to: a. A violation of any federal, state, or local law relating to the use, manufacturing, distribution, or dispensing of controlled substances or illegal drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No b. Any offense, misdemeanor, or felony in any state? (Except minor violations of traffic laws resulting in fines.) <input type="checkbox"/> Yes <input type="checkbox"/> No	
13. Have you ever been denied staff membership or privileges in any hospital, health care facility, or education facility or had such privileges revoked, suspended, or subjected to any restrictions, probation, or other type of discipline or limitations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Have you ever been admonished, censored, reprimanded, or requested to withdraw, resign, or retire from any hospital, health care facility, or educational facility in which you have trained, held staff membership or privileges, or acted as a consultant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
15. Have you ever had a malpractice judgment against you or settled any malpractice action? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>APPLICATION AFFIRMATION</b>	
I hereby swear under penalty of perjury that the above information and statements are true, complete, and correct and that I will uphold the ethical standards as set forth by the National Association of School Psychologists.	
Signature of applicant	Date ( <i>month, day, year</i> )