

APPLICATION FOR CLINICAL PROFESSIONAL LICENSE
Instructions

The requirements noted below are for general information only, please refer to the rule listed for complete requirements. Please read all application questions carefully. Several questions, if answered Yes, require additional documentation. You are required to contact the source of the required documentation and request that documentation be submitted directly to the Board office. If the source will not provide the documentation, or the documentation is otherwise unobtainable, you must submit a written explanation and any documents in your possession that would assist the Board in reviewing your application. All requested information, application fee, and initial license fee must be provided. All returned checks are subject to a \$20.00 fee.

Deadline. To be considered by the Board, a properly completed application together with all supporting documentation and required fees must be received by the Bureau at least seven (7) calendar days prior to the next scheduled meeting of the Board.

NOTE: ANY PRACTICE OF OR SOLICITATION TO PROVIDE COUNSELING IN IDAHO PRIOR TO OBTAINING A VALID LICENSE OR CERTIFICATE, UNLESS SPECIFICALLY EXEMPT, IS UNLAWFUL AND MAY RESULT IN CRIMINAL PROSECUTION AND DENIAL OF LICENSURE. (§54-3400 & §54-3408, I.C.)

CLINICAL COUNSELOR APPLICANTS (RULE 225).

Licensure as a “clinical professional counselor” shall be restricted to persons who have successfully passed the required examination and have met the following requirements:

- 01. License.** Hold a valid licensed professional counselor license; and
- 02. Experience.** Document two thousand (2,000) hours of direct client contact experience under supervision accumulated in no less than a two (2) year period after licensure in any state.
 - a. All applicants for Clinical Professional Counselor license must provide verification of meeting at least one thousand (1,000) hours of supervised experience under the supervision of a licensed Clinical Professional Counselor registered as a supervisor with the Board. The remainder of the supervision may be provided by licensed Psychiatrists, Licensed Psychologists, Licensed Clinical Social Workers registered as supervisors with the Board of Social Work Examiners, or Marriage and Family Therapists registered as supervisors with the Board.
 - b. One (1) hour of clinical supervision for every thirty (30) hours of direct client contact is required. Individual supervision is defined as one (1) hour of face-to-face, one-on-one (1:1) or one-to-two (1:2) supervision to every thirty (30) hours of direct client contact.
 - c. No more than one-half (1/2) of group supervision shall be allowed.
- 03. Examination.** Successful passage of the required written examination.

IDAHO LICENSING BOARD OF PROFESSIONAL COUNSELORS and MARRIAGE & FAMILY THERAPISTS

APPLICATION FOR LICENSE
(continued)

AFFIDAVIT

I hereby certify that the responses provided on and attached to this application are true and accurate to the best of my knowledge and belief, and that I may be required to provide additional information. I further certify that I am of good moral character and that I have reviewed and will comply with the Idaho Laws and Rules, including the adopted Code of Ethics, governing the practice of Counseling and Marriage & Family Therapy.

I hereby authorize and direct any person, agency, firm, or other entity to release, upon the request of the Bureau of Occupational Licenses or its authorized representative, any information, communication, report, record, statement, recommendation, or disclosure that may have bearing on my eligibility for or maintenance of the license for which I am applying. I understand that by signing this form I am authorizing the release of information about me that may otherwise be protected or confidential, and that I may be required to submit additional information in order for my application to be considered by the Board.

I hereby waive access to any and all third party professional references, evaluations, or reports that may be submitted concerning my application or licensure.

Signature of applicant

State of _____, County of _____, ss.

Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

Notary Public Official Signature
My Commission Expires _____

LCPC EVALUATION AND VERIFICATION OF SUPERVISED EXPERIENCE APPLICATION

The Applicant named below is seeking licensure to practice Counseling / Marriage & Family Therapy in the State of Idaho. The Idaho Board requires the information below in order to evaluate the extent and quality of the applicant's supervised experience.

SECTION 1 - To be completed by applicant & reviewed by the named supervisor: (this page must be submitted to Supervisor with page 2). Please keep a copy for your records.

A. Name of supervisor _____

B. Address of supervisor _____

C. The setting of this supervision was (mark with an X one only):

[] WORK [] PRACTICUM [] INTERNSHIP

D. Hours were gained as: (check only one): [] GRADUATE [] POST-GRADUATE

E. Experience was earned in the following area's (mark with an X all that apply):

[] Mental Health [] Career Counseling [] Substance Abuse [] Marriage and Family
[] Gerontology [] School Counseling
[] Other. Please specify _____

F. Dates of practice by applicant at this setting: from _____ to _____

G. Total number of direct client contact hours during the period listed in F above: _____

H. Number of individual direct (not group) hours with supervisor during period listed in F above: _____

Check one: [] Face-to-face or [] Video
Check one: [] One-to-one or [] One-to-two

• Total number of group supervision hours during period listed in F above): _____

I. Please describe the nature of the applicant's duties: _____

Print Applicant Name Applicant Signature

State of _____, County of _____, ss.
Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal) Notary Public Official Signature
My Commission Expires _____

EVALUATION AND VERIFICATION OF SUPERVISED EXPERIENCE

(continued)

SECTION 2 - To be completed by the supervisor: (do not complete without reviewing page 1)

Title at time of supervision _____

Title of professional license, if held _____

State of License _____ Professional License Number _____

Area of Specialization _____

Applicant's supervised practice location (facility name and address): _____

L. Please state the quality of the applicant's performance during the supervised practice period: _____

M. I have reviewed the applicant's statements. They are or are not substantially correct.

N. As supervisor, do you have any reservations about the applicant being granted a license? YES NO

IF YES, PLEASE SPECIFY (Attach additional sheet if necessary):

AFFIDAVIT

I hereby certify under penalty of perjury that the responses provided by both the applicant and myself are true and accurate to the best of my knowledge and belief, and that I may be required to provide additional information. I further certify that I have reviewed and will comply with the Idaho Laws and Rules, including the adopted Code of Ethics, governing supervision and the practice of Counseling and/or Marriage & Family Therapy.

Printed Name of Supervisor

Signature of Supervisor

State of _____, County of _____, ss.

Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

Notary Public Official Signature

My Commission Expires _____

NOTICE TO SUPERVISOR

Please seal BOTH PAGES of this completed document in an envelope, sign your name across the sealed back flap, and return it to the applicant. Please be aware this document will become part of the applicant's file and the applicant has the right to request anything from the file.