

APPLICATION FOR PROFESSIONAL COUNSELOR 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 said 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.)

COUNSELOR APPLICANTS: (See Rule 150) Licensure as a counselor is restricted to persons of good moral character who have successfully completed each of the following requirements:

- (1) A planned graduate program of 60 semester hours which is primarily counseling in nature, with a minimum of 6 semester hours in an advanced counseling practicum, and a graduate degree in a counseling field from an accredited university or college offering a graduate program in counseling.
- (2) One thousand (1,000) hours of supervised experience in counseling acceptable to the board.
- (3) Successfully pass the National Counselor Examination.

IDAHO LICENSING BOARD OF PROFESSIONAL COUNSELORS and MARRIAGE & FAMILY THERAPISTS

APPLICATION FOR PROFESSIONAL COUNSELOR LICENSE

Attach the \$150 fee, which includes the application and license fee of \$75 each.

I hereby make application for a license to practice as a Professional Counselor in the state of Idaho under the provisions of Title 54, Chapter 34, Idaho Code, and provide the following:

1. Full Name (Mr., Mrs., or Ms.) _____

2. Address of Record _____
(The above address is public record) Street City State Zip

3. Mailing Address _____
(Will be used as address of record if none provided above) Street/PO Box City State Zip

4. Date of Birth ____/____/____ Place of Birth _____ S.S. No. ____/____/____
month day year

5. Business phone (____) _____ Other(____) _____ E-mail _____
(The above phone number is public record)

6. Baccalaureate degree from _____ on _____ in _____
Institution date major or program

7. Masters degree from _____ on _____ in _____
Institution date major or program

8. Doctoral degree from _____ on _____ in _____
Institution date major or program
(This office must receive official college transcripts directly from the school registrar before your application will be processed.)

9. Graduate degree program title _____

10. Have you passed the National Examination? [] Yes [] No
(If Yes, official scores must be received by this office directly from NBCC or AMFTRB before your application will be processed.)

11. Have you ever been licensed, certified, or registered in another jurisdiction? [] Yes [] No
(If Yes you must have been licensed over 5 years, and complete the endorsement application to be considered for licensure by endorsement.)

12. Have you ever had a license or registration revoked, suspended or otherwise sanctioned? [] Yes [] No
(“Sanction” includes any voluntary or involuntary action that limits, restricts, or attaches conditions to lawful professional practice. If Yes, a copy of the charges and the final order must be received before your application will be processed.)

13. Have you ever been convicted of any felony or offense involving moral character? [] Yes [] No
(If Yes, a detailed statement, a summary of the charges, the final order, any probation or parole documentation, and any other relevant information must be received before your application will be processed.)

IDAHO LICENSING BOARD OF PROFESSIONAL COUNSELORS and MARRIAGE & FAMILY THERAPISTS
APPLICATION FOR PROFESSIONAL COUNSELOR LICENSE
(continued)

PHOTOGRAPH: All applicants must attach an original passport photograph taken within the twelve months immediately preceding this application.

ATTACH PHOTOGRAPH HERE	HEIGHT _____
	WEIGHT _____
	EYE COLOR _____
	HAIR COLOR _____
	OTHER DISTINGUISHING FEATURES _____ _____

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 _____

**APPLICATION FOR PROFESSIONAL COUNSELOR LICENSE
COUNSELOR COURSEWORK ADDENDUM**

List below the graduate courses you completed that correspond to the educational areas for a counseling program. (See Rule 150.01) Please either mark the type of program you graduated from below, if you did not graduate from one of the listed programs, please fill out the Addendum and include a syllabus. Courses only count once and may not be used in more than one area.

CACREP School Counseling; Community Mental Health; Addiction; Clinical; Family, Couple & Family; or Career Counseling Program (circle one)

CORE Rehabilitation Counseling Program

NOTE: If you checked one of the programs above, you are exempt from completing Addendum 1.

Counseling Practicum/Internship (a 6 semester or 9 quarter credit minimum is required)

Year	Course Name	Institution	Course #	Hours Earned

Counseling Techniques/Theories

Year	Course Name	Institution	Course #	Hours Earned

Human Growth & Development

Year	Course Name	Institution	Course #	Hours Earned

Social & Cultural Foundations

Year	Course Name	Institution	Course #	Hours Earned

The Helping Relationship

Year	Course Name	Institution	Course #	Hours Earned

Groups

Year	Course Name	Institution	Course #	Hours Earned

Life-style & Career Development

Year	Course Name	Institution	Course #	Hours Earned

Appraisal of the Individual

Year	Course Name	Institution	Course #	Hours Earned

Research & Evaluation

Year	Course Name	Institution	Course #	Hours Earned

Professional Orientation

Year	Course Name	Institution	Course #	Hours Earned

COUNSELOR 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 supervised practice clock hours during period listed in F above (includes direct and indirect): _____

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

- If Marriage & Family, list the total number of direct contact hours with families & couples _____

I. 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

J. 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
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
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.