

IDAHO STATE LICENSING BOARD
of
PROFESSIONAL COUNSELORS and MARRIAGE & FAMILY THERAPISTS

APPLICATION FOR LICENSE BY ENDORSEMENT
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 at the address below. 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 OR MARRIAGE & FAMILY THERAPY 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.)

ENDORSEMENT APPLICANTS: (See Rule 300) Upon application and payment of the applicable fee, a license may be granted to any person who is currently licensed or otherwise regulated as a counselor or marriage and family therapist in another state and who meets the qualifications established by board rule. You must complete the Addendum on page 4 in order to be considered for licensure by endorsement.

IDAHO LICENSING BOARD OF PROFESSIONAL COUNSELORS and MARRIAGE & FAMILY THERAPISTS

APPLICATION FOR 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 it's 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 LICENSE BY ENDORSEMENT
ADDENDUM

To be completed if you answered Yes to item 11 and are applying for licensure in Idaho by Endorsement.

The applicant must be the holder of a current active license, in the profession and at the level for which a license is being sought, issued by the authorized regulatory entity in another state or foreign country. The state or foreign country must have substantially similar requirements for licensing as is provided for new applicants in Idaho. The certification of licensure must be received by the Board from the issuing agency.

LIST ALL STATE(S) OF LICENSURE AND THE YEAR LICENSURE WAS AWARDED FOR EACH:

State License was held	License type	Year awarded
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State License was held	License type	Year awarded
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State License was held	License type	Year awarded
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AND

You must contact the licensing authority of each state listed and cause the official certification(s) of licensure to be sent directly to the Bureau;

AND

Has Documented Experience. The applicant must provide a documented record of at least five (5) years actual practice under licensure in the seven (7) years immediately prior to application in the profession for which a license is being sought, or can demonstrate hardship or extenuating circumstances that prohibited practice during a portion of the seven (7) year period as determined by the Board.

****Endorsement applications should include 5 years of documented experience within the previous 7 years. This may be letters from employers, supervisors, colleagues, that provide a statement verifying the practice.**