

**STATE LICENSING BOARD OF PROFESSIONAL COUNSELORS AND
MARRIAGE & FAMILY THERAPISTS
IDAHO BUREAU OF OCCUPATIONAL LICENSES
700 West State Street, P.O. Box 83720
Boise, Idaho 83720-0063**

EVALUATION AND VERIFICATION OF SUPERVISED EXPERIENCE

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

- Total number of group supervision hours during period listed in F above(**not** for LPC): _____

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

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
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 part of the applicant's file and the applicant has the right to request anything from the file.