

APPLICATION FOR MARRIAGE AND FAMILY THERAPY APPLICANTS AND ASSOCIATE MARRIAGE AND FAMILY THERAPY APPLICANTS 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 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.)

ASSOCIATE MARRIAGE AND FAMILY THERAPY APPLICANTS: Idaho Code 54-3405B and Rule 230

- (1) A graduate degree consisting of at least 60 semester hours or 90 quarter credits in marriage and family therapy from a program accredited by the commission on accreditation for marriage and family therapy education, or a marriage and family counseling or therapy program which is accredited by the council for accreditation of counseling and related educational programs, or a graduate degree from a regionally accredited educational institution and an equivalent course of study as approved by the board. The course of study for any graduate degree shall include a minimum of 39 semester credits in coursework as outlined in section 54-3405B, Idaho Code for the Associate MFT or section 54-3405C for the MFT license.
- (2) Completion of a 1 year practicum of supervised marriage and family therapy experience, consisting of a minimum of 300 direct client contact hours, of which 150 hours shall be with couples or families, as part of the graduate program.
- (3) Successfully pass the National Marital and Family Therapy Examination.

MARRIAGE AND FAMILY THERAPY APPLICANTS - *requires all of the above and:*

Idaho Code 54-3405C - Supervised experience in marriage and family therapy of three thousand (3,000) hours, acceptable to the board as defined by rule. A minimum of two hundred (200) hours of supervision of the postgraduate experience. Supervision may be provided by a clinical member of the American association for marriage and family therapy, by a licensed marriage and family therapist, or another qualified licensed professional as determined by the board and defined in rule who has a minimum of five (5) years experience providing marriage and family therapy, including: a licensed clinical professional counselor; licensed psychologist; licensed clinical social worker; or licensed psychiatrist.

Rule 238.03. Supervised Marriage and Family Therapy Experience. Must meet the three thousand (3,000) hour requirement as outlined in Section 54-3405C(3), Idaho Code. Effective July 1, 2004, a Idaho Marriage and Family Therapist must be registered with the Board to provide post graduate supervision for those pursuing marriage and family therapist licensure in Idaho. (3-29-12)

- a. A minimum of two thousand (2,000) postgraduate direct client contact hours, in no less than a two (2) year time period shall include a minimum one thousand (1,000) direct client contact hours with couples and families; and;
- b. Two hundred (200) hours of supervision.
- c. Effective July 1, 2014 a minimum of one hundred (100) hours post-graduate supervision must be obtained from a registered marriage and family therapist supervisor. The remaining one hundred (100) hours of supervision may also be obtained from a licensed clinical professional counselor registered as a supervisor with the Board, licensed psychologist, licensed clinical social worker registered as a supervisor with the Board of Social Work Examiners, or licensed psychiatrist. (please see Rule 238 for additional information).

IDAHO STATE LICENSING BOARD OF PROFESSIONAL COUNSELORS AND MARRIAGE & FAMILY THERAPISTS
BUREAU OF OCCUPATIONAL LICENSES
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MARRIAGE & FAMILY THERAPISTS AND ASSOCIATE MARRIAGE AND FAMILY THERAPY APPLICANTS

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 (check only one box per application):

Associate Marriage & Family Therapist Marriage & Family Therapist

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. If currently licensed as a counselor in Idaho, enter your license number here _____.

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

8. Master's degree from _____ on _____ date in _____ major or program
Institution

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

10. Graduate degree program title _____

11. 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.)

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

13. 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.)

14. 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.)

(CONTINUED)

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 _____

IDAHO LICENSING BOARD OF PROFESSIONAL COUNSELORS and MARRIAGE & FAMILY THERAPISTS
MFT Coursework addendum

List below the graduate courses you completed that correspond to the educational areas for marriage & family therapy. (see §54-3405C, I.C). Please note: This form **must** be filled out in its entirety.

Marriage & Family Studies (a 9 semester or 13.5 quarter credit minimum is required)

Year	Course Name	Institution	Course #	Credit Earned

Marriage & Family Therapy (a 9 semester or 13.5 quarter credit minimum is required)

Year	Course Name	Institution	Course #	Credit Earned

Human Development (a 9 semester or 13.5 quarter credit minimum is required)

Year	Course Name	Institution	Course #	Credit Earned

Psychological & Mental Health Competency (a 6 semester or 9 quarter credit minimum is required)

Year	Course Name	Institution	Course #	Credit Earned

Professional Ethics & Identity (a 3 semester or 4.5 quarter credit minimum is required)

Year	Course Name	Institution	Course #	Credit Earned

Research (a 3 semester or 4.5 quarter credit minimum is required)

Year	Course Name	Institution	Course #	Credit Earned

Marriage & Family Clinical Practicum

Dates to/from	Course Name/Supervisor	Institution	Course #	Credit Earned

Marriage & Family Clinical Internship

Dates to/from	Course Name/Supervisor	Institution	Course #	Credit Earned

NOTE: practicum and clinical internship must add up to a total of 6 semester or 9 quarter credits.

Credits may not be counted more than once or in more than one area and cannot be split between categories. The total credits for all categories must be no less than 45 semester or 67.5 quarter credits.

MFT 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: _____

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

- 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: _____

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

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.