

**IDAHO STATE LICENSING BOARD OF PROFESSIONAL  
COUNSELORS AND MARRIAGE & FAMILY THERAPISTS**  
Idaho Bureau of Occupational Licenses  
700 West State Street, Boise ID 83702 or  
P.O. Box 83720, Boise, Idaho 83720-0063  
Phone: (208) 334-3233 Fax: (208) 334-3945  
Website: [www.ibol.idaho.gov](http://www.ibol.idaho.gov) E-mail: [cou@ibol.idaho.gov](mailto:cou@ibol.idaho.gov)

**APPLICATION FOR MARRIAGE AND FAMILY THERAPY AND ASSOCIATE MARRIAGE AND FAMILY THERAPY  
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. Processing will be delayed for applications that do not include a social security number or other documentation required under Idaho Code § 73-122. All returned checks are subject to a \$20.00 fee. You must be licensed to practice.

**ASSOCIATE MARRIAGE AND FAMILY THERAPY APPLICANTS:** See Rule 230

- Proof of Graduate Degree
  - COAMFTE
  - CACREP-MCFC (Please note: CACREP-MCFC graduates may need additional coursework for the LMFT (see Rule 238)
  - Other (must include 27 semester credits or 36 quarter credits of coursework set forth in Rule 238.01b - use coursework addendum)

Provide proof of completion of a supervised practicum in no less than a twelve (12) month period as part of the graduate program. The practicum must consist of 300 hours of direct client contact, 150 of which must be with couples, families or other systems. Applicants with fewer than these hours must complete the supplemental practicum hours addendum (See Rule 230.02)

Provide proof of successful passage of the Marital and Family Therapy National Examination.

**MARRIAGE AND FAMILY THERAPY APPLICANTS:** See Rule 238

- Proof of Graduate Degree
  - COAMFTE
  - CACREP/Other (60 semester or 90 quarter credit hours that must include 39 semester or 52 quarter credits of coursework set forth in Rule 238.01b - use coursework addendum)

Provide proof of completion of a supervised practicum in no less than a twelve (12) month period as part of the graduate program. The practicum must consist of 300 hours of direct client contact, 150 of which must be with couples, families or other systems. Applicants with fewer than these hours must complete the supplemental practicum hours addendum. (See Rule 230.02)

Proof of completion of at least three thousand (3,000) hours of graduate or post-graduate supervised experience in marriage and family therapy that meets the requirements in Rule 238.04 including a minimum of two thousand (2,000) post-master's direct client contact hours, 1,000 of which must be with couples, families or other systems over a period of not less than two (2) years.

Provide proof of successful passage of the National Marital and Family Therapy Examination.

**ATTENTION MILITARY SERVICE MEMBERS AND VETERANS**

Please note that state professional and occupational licensing boards may accept your military education, training, and experience toward meeting the qualifications for a license, certification or registration. Boards may also expedite your application or the application of your spouse. See <https://legislature.idaho.gov/statutesrules/idstat/Title67/T67CH26/SECT67-2620/>

IDAHO STATE LICENSING BOARD OF PROFESSIONAL  
COUNSELORS AND MARRIAGE & FAMILY THERAPISTS  
Idaho Bureau of Occupational Licenses  
700 West State Street, Boise ID 83702 or  
P.O. Box 83720, Boise, Idaho 83720-0063  
Phone: (208) 334-3233 Fax: (208) 334-3945  
Website: [www.ibol.idaho.gov](http://www.ibol.idaho.gov) E-mail: [cou@ibol.idaho.gov](mailto:cou@ibol.idaho.gov)

**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 a public record.) Street City State Zip

3. Mailing Address \_\_\_\_\_  
(This 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. \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yyyy (This is not a public record; required by I.C. § 73-122.)

5. Business phone (\_\_\_\_) \_\_\_\_\_ Other(\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_  
(This number is a 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 AMFTRB Examination?  Yes  No  
(If Yes, official scores must be received by this office directly from AMFTRB before your application will be processed.)

12. Have you ever been licensed, certified, or registered in another state or 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**

Upon oath I certify each of the following: (1) the responses and information provided in this application and in the attached addendum(s) and documentation are true and correct to the best of my knowledge; (2) I am the applicant named in and who has signed this application; (3) I am a United States citizen or a legal permanent resident or I am otherwise lawfully present in the United States; (4) I have read and will conform to the Laws and Rules governing the profession for which I am seeking a license or authority to practice; (5) I acknowledge and agree the use of intentional misrepresentation or fraud in this application or violation of any Laws or Rules governing the profession for which I am seeking a license or authority to practice shall constitute cause sufficient for denial, suspension, cancellation or revocation of any license or authority applied for or granted to me; (6) I will provide additional or corrected information if material changes occur which would cause responses or information provided in or with this application to be inaccurate or incomplete; (7) I authorize and direct any person, agency, firm, or other entity to release, upon the request of the Idaho Bureau of Occupational Licenses or its authorized representative, any information, communication, report, record, statement, disclosure, or recommendation that may have bearing on my eligibility for or maintenance of the license or authority for which I am applying and hereby release and exonerate any of them from any liability of any kind resulting from the release or collection thereof; and (8) I authorize the Bureau of Occupational Licenses to release to any other regulatory entity in any jurisdiction any information requested about me that may otherwise be protected or confidential that may have bearing on my eligibility for or maintenance of any license or authority issued or applied for in this or any jurisdiction and hereby release and exonerate them from any liability of any kind resulting from the release thereof.

\_\_\_\_\_  
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 completed that correspond to the educational areas for marriage & family therapy. (see Rule 238.01.b).

- COAMFTE – If you check this box, you are exempt from completing this addendum
- CACREP – Marriage, Couple, Family Counseling (for LAMFT you are exempt from completing this addendum; for LMFT, please complete the addendum. Please note: This form **must** be filled out in its entirety.)

If you did not attend either a COAMFTE or CACREP MCFC program, please complete the addendum in its entirety.

**Marriage & Family Studies** (for LMFT 9 semester or 12 quarter credit minimum is required)

Year	Course Name	Institution	Course #	Credit Earned

**Marriage & Family Therapy** (for LMFT 9 semester or 12 quarter credit minimum is required)

Year	Course Name	Institution	Course #	Credit Earned

**Biopsychosocial Health and Development** (for LMFT 9 semester or 12 quarter credit minimum is required)

Year	Course Name	Institution	Course #	Credit Earned

**Psychological & Mental Health Competency** (for LMFT 6 semester or 8 quarter credit minimum is required)

Year	Course Name	Institution	Course #	Credit Earned

**Professional Ethics & Identity** (for LMFT 3 semester or 4 quarter credit minimum is required)

Year	Course Name	Institution	Course #	Credit Earned

**Research** (for LMFT 3 semester or 4 quarter credit minimum is required)

Year	Course Name	Institution	Course #	Credit Earned

**NOTE: 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 39 semester or 52 quarter credits for LMFT and must be no less than 27 semester credits or 36 quarter credits with no minimum credit requirements for content areas for LAMFT.**

**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 be done in no less than 12 months.**

**MFT EVALUATION AND VERIFICATION OF SUPERVISED EXPERIENCE APPLICATION**

The Applicant named below is seeking licensure to practice 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. Supervised hours: (**check only one**):

INTERNSHIP / PRACTICUM (GRADUATE)     INTERNSHIP / PRACTICUM (POST-GRADUATE)

D. Dates of practice by applicant at this setting: from \_\_\_\_\_ to \_\_\_\_\_

E. Total number of supervised (direct and indirect) hours during period listed in D above: \_\_\_\_\_

1. Number of direct client contact hours included in E above: \_\_\_\_\_

2. Number of direct contact hours with couples, families and other systems included in E1 above: \_\_\_\_\_

F. Supervision hours during period listed in D above:

1. Individual (not group): Number of hours in person \_\_\_\_\_ Number of hours live electronic \_\_\_\_\_

2. Group supervision: Number of hours in person \_\_\_\_\_ Number of hours live electronic \_\_\_\_\_

G. Please describe the nature of the applicant's duties: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
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 \_\_\_\_\_

EVALUATION AND VERIFICATION OF SUPERVISED EXPERIENCE

(continued)

SECTION 2 - To be completed by the supervisor: (do not complete without reviewing Section 1- if the hours are entered incorrectly the hours will not be accepted)

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): \_\_\_\_\_

\_\_\_\_\_

H. Please state the quality of the applicant's performance during the supervised practice period: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I. I have reviewed the applicants hours and they [ ] are or [ ] are not substantially correct. (If the supervision/contact hours are not correct the hours will not be accepted.)

J. I have reviewed the applicant's statements. They [ ] are or [ ] are not substantially correct.

K. 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.

**Addendum for Marriage and Family Therapy Supplemental Practicum Hours**

Supplemental hours are post-masters hours only (see Rule 10 and Rule 230)

**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. Applicant name: \_\_\_\_\_

B. Name of supervisor (Must be a LMFT) \_\_\_\_\_

C. Address of supervisor \_\_\_\_\_

D. The supervision was (mark with an X **one only**):

**IDAHO REGISTERED INTERN**                       **SUPERVISED PRACTICE OTHER JURISDICTION**  
Registered intern number \_\_\_\_\_

E. Dates of practice by applicant at this setting: from \_\_\_\_\_ to \_\_\_\_\_

F. Total number of direct client contact hours during the period listed in E above: \_\_\_\_\_

- Number of direct contact hours with families, couples and other systems included in F above \_\_\_\_\_

G. Number of individual **supervision hours** (not group) hours with supervisor during period listed in E above:  
(Required ratio 1 hour of supervision for every 10 hours of direct client contact)

Number of hours in person \_\_\_\_\_ Number of hours live electronic connection \_\_\_\_\_

H. Please describe the nature of the applicant's duties: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
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 \_\_\_\_\_

**Supplemental Practicum Hours**

(continued)

**SECTION 2 - To be completed by the supervisor: (do not complete without reviewing Section1)**

State of License \_\_\_\_\_ LMFT License Number \_\_\_\_\_

Area of Specialization \_\_\_\_\_

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

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

J. As supervisor, do you have any reservations about the applicant being granted a license?  yes  no

If yes, please specify (attached 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.