

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

**NOTIFICATION OF INTENT TO SIT FOR THE NATIONAL MARRIAGE AND FAMILY THERAPIST  
EXAMINATION**

**Instructions**

If you are seeking licensure as a Marriage and Family Therapist and have not taken the examination, it is offered via computer at various locations around the country at **Professional Testing Corporation (PTC)**. If you wish to sit for this examination, you must complete the Intent to Sit for Examination notification. The completed notification form **AND** a \$25 exam administration fee and official transcripts must be received at the Bureau of Occupational Licenses two weeks prior to the AMFTRB application deadline. Candidates will be instructed to contact **Professional Testing Corporation (PTC)** directly to schedule their examination date and time. Examination fees for the MFT examination **SHOULD NOT** be sent to the Idaho Board.

Examination fees are not refundable. Make money orders and checks payable to the Bureau of Occupational Licenses, and send your completed Intent to Sit form to the address above.

If you have any questions please e-mail [cou@ibol.idaho.gov](mailto:cou@ibol.idaho.gov).

**IDAHO STATE LICENSING BOARD  
OF  
PROFESSIONAL COUNSELORS AND MARRIAGE & FAMILY THERAPISTS**

**NOTIFICATION OF INTENT TO SIT FOR THE MARRIAGE & FAMILY THERAPY EXAMINATION**

This completed notification form, the official transcripts, AND a \$25 exam administration fee must be received at the Bureau of Occupational Licenses fourteen (14) days prior to the registration closing date.

I wish to register for the Marriage & Family Therapy NMFT Examination, to be held at a Professional Testing Corporation (PTC), between (check one)

**2017**

<b>Testing Month</b>	<b>Application Deadline</b>	<b>Testing Window</b>
January	12/1/2016	1/14 – 1/21/2017
February	1/1/2017	2/11 – 2/18/2017
March	2/1/2017	3/11 – 3/18/2017
April	3/1/2017	4/15 – 4/22/2017
May	4/1/2017	5/13 – 5/20/2017
June	5/1/2017	6/17 – 6/24/2017
July	6/1/2017	7/15 – 7/22/2017
August	07/01/2017	8/12 – 8/19/2017
September	08/01/2017	9/16 – 9/23/2017
October	09/01/2017	10/14 – 10/21/2017
November	10/01/2017	11/11 – 11/18/2017
December	11/01/2017	12/16 – 12/23/2017

Enclose a **\$25.00** exam administration fee. Do not enclose the fee for the NMFT examination. Those fees must be paid directly to Professional Testing Corporation (PTC). All returned checks are subject to a \$20.00 fee.

**Full Name** \_\_\_\_\_

**Address of Record** \_\_\_\_\_

(The above address is public record)

**Mailing address** \_\_\_\_\_

(The above address is not public record)      Street/PO Box      City      State      Zip

**Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Place of Birth** \_\_\_\_\_ **Social Security No.** \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM/DD/YYYY

**Business phone** (\_\_\_\_) \_\_\_\_\_ **E-mail** \_\_\_\_\_

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