

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

Idaho Division of Occupational and Professional Licenses

11341 W. Chinden Blvd., Building #4 Boise ID 83714 or

P.O. Box 83720, Boise ID 83720-0063

Phone: (208) 334-3233 Website: <https://dopl.idaho.gov>

E-mail: cou@dopl.idaho.gov

APPLICATION FOR INTERN REGISTRATION

The requirements noted below are for general information only, please refer to the laws and rules 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 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. **Incomplete applications that do not include all the items required (excluding those items that must be sent directly to our office from an issuing authority) will delay licensure.**

NOTE: Only a Registered Intern may use the title Counselor Intern or Marriage and Family Therapist Intern. An individual shall not practice as an intern for more than four (4) years from the original date of registration.

INSTRUCTIONS AND CHECKLIST FOR APPLICATION:

- Completed application. All requested information must be provided and the application must be notarized.
- Proof of identification – a clear and readable color copy of a government-issued photo ID such as a passport, military ID, or valid driver’s license is acceptable.
- Copy of official transcripts sent directly to our office from the issuing authority. Graduate degree in counseling, marriage & family therapy, or a closely related field and be actively pursuing postgraduate supervised experience.
- Copy of legal name change, if applicable (marriage license or divorce decree). This is applicable if the name used on any accompanying documents, such as transcripts or birth certificate, does not match the name on the application.
- Attach the required fees.

APPLICATION FEE - \$25.00

FEES ARE NOT REFUNDABLE. Please make checks and money orders payable to IDOPL. All returned checks are subject to a \$20.00 fee and the application will be invalid

All applicants must review the Idaho laws & rules prior to licensure. Please note that according to Section Idaho Code § 54-3400, you must be licensed to practice. The Board’s Laws and Rules may be downloaded at: <https://dopl.idaho.gov>.

Please keep a copy of this application for your records.

ATTENTION MEMBERS AND SPOUSES OF MEMBERS OF THE ARMED SERVICES

If you are a member of the armed forces, an honorably discharged veteran or the spouse of an active member or veteran of the military, you are entitled to certain benefits because of your service. Those benefits may include expedited processing of your application and credit for military training that is relevant to the occupational license/registration for which you are applying. For a full explanation of eligibility and a comprehensive description of benefits available, see [Idaho Code §§ 67-9401-9407](#). Additionally, active members of the military may be eligible for a waiver of renewal fees and other renewal requirements, see [Idaho Code § 67-2602A](#).

Note: The applicant’s signature must be notarized. The applicants must declare the answers provided are true in front of a notary (jurat). The language “subscribed and sworn” must appear before the applicant’s signature. An “acknowledgement” where the notary only verifies the identity of the applicant is not acceptable.

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

Idaho Division of Occupational and Professional Licenses
11341 W. Chinden Blvd., Building #4 Boise ID 83714 or
P.O. Box 83720, Boise ID 83720-0063
Phone: (208) 334-3233 Website: <https://dopl.idaho.gov>
E-mail: cou@dopl.idaho.gov

APPLICATION FOR INTERN REGISTRATION

I hereby make application to register as a (check one) **Counselor Intern** or **Marriage & Family Therapist Intern** to obtain post-graduate supervision 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. **Business Phone** (____) _____ **Other Phone** (____) _____
(This number is a public record.) (This number is not a public record.)
5. **Date of Birth** ____ / ____ / ____
mm dd yyyy
(Proof of identification—a clear and readable color copy of a government-issued photo ID such as a passport, military ID, or valid driver’s license must be attached.)
6. **Social Security No.** ____ / ____ / ____ **E-mail** _____
(This is not a public record; required by I.C. § 73-122.) (This is not a public record; required by I.C. § 73-122)
7. **Are you or your spouse an active member or honorably discharged veteran of the United States Armed Services?** () Yes () No
(To utilize experience or education gained in the military to qualify you for this license/registration, please attach a copy of your DD-214.)
8. **Have you ever been licensed, certified, or registered in another jurisdiction?** () Yes () No
(If Yes, we must receive official certification of such directly from each issuing authority before your application will be processed.)
9. **Have you ever had a license, certification, 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.)
10. **Have you ever been convicted of any felony or offense involving moral character?** () Yes () No
(If yes, the Criminal Conviction Disclosure Form, official court documents, and probation and parole documents along with any other relevant information must be received with this application.)
11. **Do you have a graduate degree in counseling, marriage & family therapy, or a closely related field and be actively pursuing postgraduate supervised experience.** () Yes () No
(Please provide certified transcripts documenting the degree and the emphasis of the course work.)
12. **Provide the name and license number of your supervisor:** _____
Printed name and license number

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 Division of Occupational and Professional 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 Division of Occupational and Professional 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 _____