

IDAHO LICENSING BOARD OF PROFESSIONAL COUNSELORS AND MARRIAGE & FAMILY THERAPISTS

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

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, you must complete this form. The completed form **AND** a \$25 exam administration fee and official transcripts must be received at the Division of Occupational and Professional Licenses.

Examination fees for the MFT examination **SHOULD NOT** be sent to the Idaho Board.

Examination administration fees are not refundable. Make money orders and checks payable to DOPL and send your completed Intent to Sit form to the address above.

If you have any questions please e-mail cou@dopl.idaho.gov

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This completed notification form, the official transcripts, AND a \$25 exam administration fee must be received at the Division of Occupational and Professional Licenses.

I wish to register for the Marriage & Family Therapy AMFTRB Examination – see amftrb.org/your-exam-roadmap/ for more information.

Enclose a **\$25.00** exam administration fee. Do not enclose the fee for the AMFTRB examination. 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 ____/____/____
MM DD YYYY

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)

Business Phone (____) _____

(This number is public record.)

Other Phone (____) _____

(This number is not a public record.)

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 _____

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.