

**APPLICATION FOR INTERN REGISTRATION**

(This form may only be used for interns who are currently registered with the Board)

Intern Name (Mr., Mrs., or Ms.) \_\_\_\_\_

Intern Mailing address \_\_\_\_\_  
Street/PO Box City State Zip

Intern License # \_\_\_\_\_ (THERE IS NO FEE FOR REGISTRATION AS A SUPERVISOR)

**SUPERVISOR REGISTRATION**

Each supervisor must complete the following affidavit before providing post-graduate supervision in the state of Idaho under the provisions of Title 54, Chapter 34, Idaho Code, for the Intern Applicant identified. A supervisor shall not have been the subject of any disciplinary action for five (5) years immediately prior to providing supervision. If you have not previously registered as a supervisor;

***Counselor Interns:***

**150.02.b.** Until July 1, 2004, the supervision must be provided by a Professional Counselor or a Clinical Professional Counselor licensed by the state of Idaho. Effective July 1, 2010, supervision must be provided by a counselor education faculty member at an accredited college or university or a Professional Counselor, a Clinical Professional Counselor or a Marriage and Family Therapist licensed by the state of Idaho and registered with the Board as a Supervisor.

***Marriage and Family Therapists Interns:***

**238.03.b.** Supervision may be obtained from a registered marriage and family therapist supervisor. Supervision may also be obtained from a licensed clinical professional counselor registered with the Board, licensed psychologist, licensed clinical social worker registered with the Board of Social Work Examiners, or licensed psychiatrist who documents:

- i. A minimum of five (5) years of experience providing marriage and family therapy; and
- ii. Fifteen (15) contact hours of education in supervisor training; and
- iii. Has not been the subject of any disciplinary action for five (5) years immediately prior to providing supervision.

**SUPERVISOR AFFIDAVIT**

I hereby certify under penalty of perjury that I hold a current and unrestricted license in counseling, marriage & family therapy, social work, psychology, or psychiatry and that I have not been the subject of any disciplinary action by any regulatory body within the five (5) years immediately preceding this application. I further certify that I have met the supervisor experience and education requirements outlined in Board law and rule, and that I have read and will comply with the Idaho Board's laws, rules, and adopted code of ethics governing the supervision of Counseling or Marriage & Family Therapy Interns, and that I will not register to provide supervision to more than six (6) counselor interns or marriage and family therapist interns at any one time. I agree to provide documentation of my supervisory qualifications, as well as documentation of my supervision of interns, to the Idaho Board as they may request.

\_\_\_\_\_  
Supervisor Name (please print)

\_\_\_\_\_  
License #

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