



State of Idaho  
Division of Occupational and Professional Licenses  
Board of Professional Counselors and Marriage and Family  
Therapists

**BRAD LITTLE** Governor  
**RUSSELL BARRON** Administrator  
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dopl.idaho.gov

**APPLICATION FOR SUPERVISOR REGISTRATION**  
(There is no fee for registering as a supervisor with the Board)

Each supervisor applicant 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

239. SUPERVISOR REQUIREMENTS. Licensees in Idaho must be registered with the board to provide supervision for those individuals pursuing licensure in the state of Idaho as a counselor or marriage and family therapist.

01. Requirements for Registration. The board will register an applicant who:

- a. Possesses two (2) years experience as a licensed counselor or marriage and family therapist, respective to the profession for which the applicant seeks registration as a supervisor, and document at least one thousand five hundred (1,500) hours of direct client contact as a counselor or two thousand (2,000) hours of direct client contact with couples, families, and other systems as a marriage and family therapist.
- b. Documents fifteen (15) contact hours of education in supervisor training as approved by the Board.
- c. Has not been subject to discipline for five (5) years prior to registration, provided that the Board may in its discretion approve a supervisor with disciplinary action for failing to complete continuing education requirements.

The applicant acknowledges that it is their responsibility to ensure their supervisees are in compliance with Rule 525 regarding informed consent.

I hereby make application to register as a:

( ) Counselor Supervisor and/or ( ) Marriage & Family Therapist Supervisor

**Please email this form and the documentation to [COU@dopl.idaho.gov](mailto:COU@dopl.idaho.gov).**

**AFFIDAVIT**

I hereby certify under penalty of perjury that I hold a current and unrestricted license in counseling and/or marriage & family therapy 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 required by Idaho's Laws and Rules, and that I have read and will comply with the Idaho's laws, rules and adopted code of ethics governing the supervision of counseling or marriage & family therapy and that I will not register to provide supervision to more than six (6) individuals at any one time. I agree to provide documentation of my supervisory qualifications, as well as documentation of my supervision of individuals, to the Idaho Board as they may request.

\_\_\_\_\_  
Printed Name of Applicant License #(s) Email address

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