



State of Idaho

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

BRAD LITTLE
Governor
RUSSELL BARRON
Administrator

11341 W Chinden Blvd.
P.O. Box 83720
Boise, ID 83720-0063
(208) 334-3233
dopl.idaho.gov

APPLICATION FOR SUPERVISOR REGISTRATION RENEWAL

(There is no fee for renewal of registration as a supervisor with the Board)

Each supervisor applicant must complete the following affidavit to continue providing post-graduate supervision in the state of Idaho under the provisions of Title 54, Chapter 34, Idaho Code, and Rule 239.

Please email documentation of the following to cou@dopl.idaho.gov:

1. Holding an active Idaho Counselor or Marriage and Family Therapy License which has not been subject to discipline, is current, and is in good standing. List license number(s):

2. Document six (6) hours of continuing education in advanced supervisor training, completed within the previous twenty-four (24) months, unless good cause is shown.

Please list the course(s) below and provide *proof of attendance by attaching it to this form.*

Course Title	Date	Sponsoring Organization	Location	Hours
--------------	------	-------------------------	----------	-------

Course Title	Date	Sponsoring Organization	Location	Hours
--------------	------	-------------------------	----------	-------

AFFIDAVIT

I hereby make application to register as a counselor and/or marriage and family therapist supervisor. I certify that I hold a current and unrestricted Idaho license as a counselor or marriage and family therapist and have not been the subject of any disciplinary action by any regulatory body within the five (5) years immediately preceding this application.

Printed Name of Applicant

Email Address of Applicant

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 _____