IDAHO 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

Email: cou@dopl.idaho.gov

APPLICATION FOR LICENSE BY ENDORSEMENT

The requirements noted below are for general information only, please refer to the laws and rules for complete requirements.

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.

ENDORSEMENT APPLICANTS: (See Rule 300) Upon application and payment of the applicable fee, a license may be granted to any person who is currently licensed or otherwise regulated as a counselor or marriage and family therapist in another state and who meets the qualifications established by board rule.

INSTRUCTIONS AND CHECKLIST FOR APPLICATION:

Please keep a copy of this application for your records.
Completed application. All requested information must be provided and the form must be notarized.
Proof of age – 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.
Certification of licensure sent directly to our office from all state(s) where you are currently or have ever been licensed. If the licensing state guarantees they are a primary source verification state, you may provide a print out of the license certification and includit with your application.
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.
\$200 fee enclosed (\$100 Application and \$100 License)

FEES ARE NOT REFUNDABLE. Please make checks and money orders payable to DOPL. 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.

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.

COUA LPC/LCPC LMFTA LAMFT/LMFT REVISED 7/2021 1 of 3

STATE LICENSING BOARD OF PROFESSIONAL COUNSELORS AND MARRIAGE & FAMILY THERAPISTS

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APPLICATION FOR LICENSE BY ENDORSEMENT - \$200

	I hereby make application for a	a license to practice	as a (<u>che</u>	ck only one box p	er application	<u>ı</u>):
	() Professional C	Counselor () C	linical Pı	rofessional Couns	selor	
	() Associate Marriage &	Family Therapist	() N	Iarriage & Famil	ly Therapist	
in	the state of Idaho under the provisions of T	Γitle 54, Chapter 34, I	daho Cod	e, and provide the fo	ollowing:	
1.	Full Name (Mr., Mrs., or Ms.)					
2.	Address of Record (The above address is a public record.)	Street		City	State	Zip
	Mailing Address (Will be used as address of record if none provided above					
	(Will be used as address of record if none provided abov	(e.) Street/PO Box		City	State	Zip
4.	Date of Birth// (Proof of age – a clear and readable color copy of a go	overnment-issued photo ID su	ch as a passpo	ort, military ID, or valid dri	ver's license must be	e attached.)
5.	Social Security No//	E-mail_ (This is not a public	record; requ	ired by I.C. § 67-2609.)		
6.	Business Phone ()(This number is a public record.)	Other Ph (This numbe	one (r is not a publ	ic record.)		
7.	Master's degree from		on	in		
	Master's degree from Ins	stitution		date	major or j	program
8.	Doctoral degree from		on	in		
	Ins	titution		date	major or progr	ram
9.	Graduate degree program title				· · · · · · · · · · · · · · · · · · ·	
	O. Are you or your spouse an active mem utilize experience or education gained in the military to qu	•	_			ned Services? Yes () No
11	List the State(s) you are currently licensed Certification of licensure must be received authority website guaranteeing primary so	directly from the licer	nsing autho	ority or received in a		the issuing
12	2. Have you ever had a license or registra ("Sanction" includes any voluntary or involuntary action the final order must be received before your application.	that limits, restricts, or attacl				Yes () No of the charges and
13	3. Have you ever been convicted of any for (If yes, the Criminal Conviction Disclosure Form, official received with this application.)				` '	Yes () No ormation must be

IDAHO LICENSING BOARD OF PROFESSIONAL COUNSELORS and MARRIAGE & FAMILY THERAPISTS

APPLICATION FOR LICENSE

(continued)

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

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.