

IDAHO STATE 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

APPLICATION FOR CLINICAL PROFESSIONAL LICENSE

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.

NOTE: If you have been licensed in another jurisdiction for more than five years, you must complete the endorsement application to be considered for licensure by endorsement.

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 application must be notarized.
- Proof of identification – 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.
- Proof of successful passage of the National Examination sent directly to our office from NBCC.
- Evaluation and Verification of Supervised Experience form(s) in signed and sealed envelope(s) from all supervisors.
- Certification of licensure sent directly to our office from all state(s) where you are currently or have ever been licensed.
- 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.
- Include the required fees. 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

APPLICATION FEE - \$200.00

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](#).

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APPLICATION FOR CLINICAL PROFESSIONAL COUNSELOR LICENSE

APPLICATION FEE - \$200.00

I hereby make application for a license to practice as a Clinical Professional Counselor in the state of Idaho under the provisions of Title 54, Chapter 34, Idaho Code, and provide the following:

1. Full Name (Mr., Mrs., or Ms.) _____

2. Address of Record
(The above address is a public record.) _____
Street City State Zip

3. Mailing Address
(This will be used as address of record if none provided above.) _____
Street/PO Box City State Zip

4. Date of Birth ____/____/_____
(Proof of identification—a clear and readable color copy of a government-issued photo ID such as a passport, military ID, or valid driver’s license must be attached.)

5. Social Security No. ____/____/_____
(This is not a public record; required by I.C. § 73-122.) **E-mail** _____
(This is not a public record; required by I.C. § 67-2609.)

6. Business Phone (____) _____ **Other Phone** (____) _____
(This number is a public record.) (This number is not a public record.)

7. If currently licensed as a counselor in Idaho, enter your license number here _____.

8. Graduate degree program title _____

9. Are you or your spouse an active member or honorably discharged veteran of the United States Armed Services?
(To utilize experience or education gained in the military to qualify you for this license/registration, please attach a copy of your DD-214.) () Yes () No

10. Have you passed the National Examination? () Yes () No
(If Yes, official scores must be received by this office directly from NBCC before your application will be processed.)

11. Have you ever been licensed, certified, or registered in another jurisdiction? () Yes () No

12. Have you ever had a license or registration revoked, suspended or otherwise sanctioned? () Yes () No
("Sanction" includes any voluntary or involuntary action that limits, restricts, or attaches conditions to lawful professional practice.
If Yes, a copy of the charges and the final order must be received before your application will be processed.)

13. Have you ever been convicted of any felony or offense involving moral character? () Yes () No
(If yes, the Criminal Conviction Disclosure Form, official court documents, and probation and parole documents along with any other relevant information must be received with this application.)

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.

LCPC EVALUATION AND VERIFICATION OF SUPERVISED EXPERIENCE APPLICATION

The Applicant named below is seeking licensure to practice Counseling in the State of Idaho. The Idaho Board requires the information below in order to evaluate the extent and quality of the applicant's supervised experience.

SECTION 1 - To be completed by applicant & reviewed by the named supervisor: (this page must be submitted to Supervisor with page 2). Please keep a copy for your records. Do not submit supervisor logs unless requested.

A. Name of Supervisor _____

B. Address Location of Supervisor _____

C. Supervisor Contact Phone Number (____) _____

D. The setting of this supervision was (mark with an X one only and use a separate sheet for each setting):

() WORK () PRACTICUM () INTERNSHIP

E. Hours were gained as (check only one): () GRADUATE () POST-GRADUATE

F. Experience was earned in the following areas (mark with an X all that apply):

- [] Mental Health [] Career Counseling [] Substance Abuse [] Marriage and Family
[] Gerontology [] School Counseling
[] Other. Please specify _____

G. Dates of practice by applicant at this setting: From _____ To _____

H. Total number of direct client contact hours during the period listed in G above: _____

I. Supervisor hours:

A. Total of individual face-to-face direct (not group) hours with supervisor during period listed in G above: _____

B. Total number of group hours with supervisor during period listed in G above: _____

C. Total number of supervisor hours during period listed in G above: _____

J. Please describe the nature of the applicant's duties: _____

Print Name of Applicant

Signature of Applicant

EVALUATION AND VERIFICATION OF SUPERVISED EXPERIENCE

(continued)

SECTION 2 - To be completed by the supervisor: (do not complete without reviewing page 1)

Title at time of supervision _____

Title of professional license, if held _____

State of License _____ Professional License Number _____

Area of Specialization _____

Applicant's supervised practice location (facility name and address): _____

J. Please state the quality of the applicant's performance during the supervised practice period: _____

K. I have reviewed the applicant's statements. They are **or** are not substantially correct.

L. As supervisor, do you have any reservations about the applicant being granted a license? YES NO

IF **YES**, PLEASE SPECIFY (Attach additional sheet if necessary):

AFFIDAVIT

I hereby certify under penalty of perjury that the responses provided by both the applicant and myself are true and accurate to the best of my knowledge and belief, and that I may be required to provide additional information. I further certify that I have reviewed and will comply with the Idaho Laws and Rules, including the adopted Code of Ethics, governing supervision and the practice of Counseling and/or Marriage & Family Therapy.

Printed Name of Supervisor

Signature of Supervisor

NOTICE TO SUPERVISOR

Please seal BOTH PAGES of this completed document in an envelope, sign your name across the sealed back flap, and return it to the applicant. Please be aware this document will become part of the applicant's file and the applicant has the right to request anything from the file.