

**IDAHO 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](mailto:cou@dopl.idaho.gov)

**APPLICATION FOR PROFESSIONAL COUNSELOR LICENSE**

The requirements noted below are for general information only, please refer to the laws and rules for complete requirements. Please read all application questions carefully. Several questions, if answered Yes, require additional documentation..

**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.*

- Completed application, including the Counselor Coursework Addendum. 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.
- Official transcripts sent directly to our office from the issuing authority.
- 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. To calculate your hours, use the Excel spreadsheet located on the Applications and Forms tab on the website. **This must be submitted 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.
- 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>.

Please keep a copy of this application for your records.

**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 PROFESSIONAL COUNSELOR LICENSE - \$200**

I hereby make application for a license to practice as a 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. \_\_\_\_/\_\_\_\_/\_\_\_\_ E-mail \_\_\_\_\_  
(This is not a public record; required by I.C. § 73-122.) (This is not a public record; required by I.C. § 73-122)

6. Business Phone (\_\_\_\_) \_\_\_\_\_ Other Phone (\_\_\_\_) \_\_\_\_\_  
(This number is public record.) (This number is not a public record.)

7. Baccalaureate degree from \_\_\_\_\_ on \_\_\_\_\_ date \_\_\_\_\_ in \_\_\_\_\_ major or program  
Institution

8. Master's degree from \_\_\_\_\_ on \_\_\_\_\_ date \_\_\_\_\_ in \_\_\_\_\_ major or program  
Institution

9. Doctoral degree from \_\_\_\_\_ on \_\_\_\_\_ date \_\_\_\_\_ in \_\_\_\_\_ major or program  
Institution  
(This office must receive official college transcripts directly from the school registrar before your application will be processed.)

10. Graduate degree program title \_\_\_\_\_

11. Was your master's program CACREP accredited. ( ) Yes ( ) No

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

12. 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.)

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

15. 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.)

16. 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 STATE LICENSING BOARD OF PROFESSIONAL COUNSELORS AND MARRIAGE & FAMILY THERAPISTS  
(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.**

**APPLICATION FOR PROFESSIONAL COUNSELOR LICENSE  
COUNSELOR COURSEWORK ADDENDUM**

NOTE: If you checked one of the programs below, you do **NOT** need to complete this addendum.

List below the graduate courses you completed that correspond to the educational areas for a counseling program. (See Rule 150.01)  
Please either mark the type of program you graduated from below, if you did not graduate from one of the listed programs, please fill out the Addendum and include a syllabus. Courses only count once and may not be used in more than one area.

- CACREP School Counseling; Community Mental Health; Addiction; Clinical; Family, Couple & Family; Rehabilitation Counseling; or Career Counseling Program (circle one)
- CORE Rehabilitation Counseling Program

**Counseling Practicum/Internship** (a 6 semester or 9 quarter credit minimum is required)

Year	Course Name	Institution	Course #	Hours Earned

**Human Growth & Development**

Year	Course Name	Institution	Course #	Hours Earned

**Social & Cultural Foundations**

Year	Course Name	Institution	Course #	Hours Earned

**The Helping Relationship**

Year	Course Name	Institution	Course #	Hours Earned

**Groups**

Year	Course Name	Institution	Course #	Hours Earned

**Life-style & Career Development**

Year	Course Name	Institution	Course #	Hours Earned

**Appraisal of the Individual**

Year	Course Name	Institution	Course #	Hours Earned

**Research & Evaluation**

Year	Course Name	Institution	Course #	Hours Earned

**Professional Orientation**

Year	Course Name	Institution	Course #	Hours Earned

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LPC COUNSELOR 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 section 2). Please keep a copy for your records. DO NOT submit supervision logs unless requested.**

A. Name of Supervisor \_\_\_\_\_

B. Address, City, State of Supervision \_\_\_\_\_

C. Supervisor Contact Phone Number (\_\_\_\_) \_\_\_\_\_

D. The setting of this supervision was (check 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 area (check one only and use a separate sheet for each setting):

- 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 supervised practice clock hours during period listed in G above (includes direct and indirect): \_\_\_\_\_

I. Total number of direct client contact hours during the period listed in G above: \_\_\_\_\_

J. Supervisor hours:

- Total of individual face-to-face **direct** (not group) hours with supervisor during period listed in G above: \_\_\_\_\_

K. 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)

SUPERVISOR INFORMATION

Supervisor 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): \_\_\_\_\_

\_\_\_\_\_

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

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

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.

\_\_\_\_\_  
Print 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.