

**Addendum for Licensed Professional Counselor Supplemental Practicum Hours**

Supplemental hours of advanced counselor practicum (see Rule 150.01.b.ix)

**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.**

A. Applicant name: \_\_\_\_\_

B. Name of supervisor: \_\_\_\_\_

C. Address of supervisor: \_\_\_\_\_

D. Phone number of supervisor: (\_\_\_\_) \_\_\_\_\_

E. The supervision was (mark with an X **one only**):

**IDAHO REGISTERED INTERN**       **SUPERVISED PRACTICE OTHER JURISDICTION**

Registered intern number: COUI-\_\_\_\_\_

F. Dates of practice by applicant at this setting: from \_\_\_\_\_ to \_\_\_\_\_

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

H. Number of individual **supervision hours** (not group) hours with supervisor during period listed in F above:  
(Required ratio 1 hour of supervision for every 10 hours of direct client contact, Rule 150.01.b.ix)

Number of hours in person \_\_\_\_\_ Number of hours live electronic connection \_\_\_\_\_

I. Please describe the nature of the applicant's duties:

\_\_\_\_\_  
Printed Name 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 \_\_\_\_\_

**Supplemental Practicum Hours**  
(continued)

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

State of License \_\_\_\_\_ License Number \_\_\_\_\_

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

\_\_\_\_\_

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

J. As supervisor, do you have any reservations about the applicant being granted a license? ( ) yes ( ) no

If yes, please specify (attached 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

State of \_\_\_\_\_, County of \_\_\_\_\_, ss.

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

(seal)

\_\_\_\_\_  
Notary Public Official Signature  
My Commission Expires \_\_\_\_\_

**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.