

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@ibol.idaho.gov

**APPLICATION FOR MARRIAGE AND FAMILY THERAPY AND ASSOCIATE MARRIAGE
AND FAMILY THERAPY 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. You are required to contact the source of the required documentation and request that documentation be submitted directly to the Board office. If the source will not provide the documentation, or the documentation is otherwise unobtainable, you must submit a written explanation and any documents in your possession that would assist the Board in reviewing your application. All requested information, application fee, and initial license fee must be provided. Processing will be delayed for applications that do not include a social security number or other documentation required under Idaho Code § 73-122. All application materials must be submitted to the Board office at least seven days prior to the next scheduled meeting in order for the application to be reviewed by the Board for final action, per Idaho Code § 67-2609. **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 ALL APPLICANTS:

- Completed application, including 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.
- Proof of successful passage of the Marital and Family Therapy National Examination sent directly to our office from AMFTRB.
- Copy of official transcripts sent directly to our office from the issuing authority.
- Evaluation and Verification of Supervised Experience form(s) in signed and sealed envelope(s) from all supervisors.
- 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.

APPLICATION FEE - \$200.00

FEES ARE NOT REFUNDABLE. Please make checks and money orders payable to IDOPL. All returned checks are subject to a \$20.00 fee and the application will be invalid

ADDITIONAL ITEMS FOR ASSOCIATE MARRIAGE & FAMILY THERAPY APPLICANTS: See Rule 230

- Proof of graduate degree - copy of official transcripts sent directly to our office from the issuing authority.
 - ___ COAMFTE
 - ___ CACREP-MCFC (Please note: CACREP-MCFC graduates may need additional coursework for the LMFT (see Rule 238)
 - ___ Other (must include 27 semester credits or 36 quarter credits of coursework set forth in Rule 238.01b - use coursework addendum)
- Evaluation and Verification of Supervised Experience form(s) in signed and sealed envelope(s) from all supervisors.
 - ___ Provide proof of completion of a supervised practicum in no less than a twelve (12) month period as part of the graduate program. The practicum must consist of 300 hours of direct client contact, 150 of which must be with couples, families or other systems. Applicants with fewer than these hours must complete the supplemental practicum hours addendum (See Rule 230.02)

ADDITIONAL ITEMS FOR MARRIAGE & FAMILY THERAPY APPLICANTS: See Rule 238

- Proof of graduate degree - copy of official transcripts sent directly to our office from the issuing authority.
- ___ COAMFTE
 - ___ CACREP/Other (60 semester or 90 quarter credit hours that must include 39 semester or 52 quarter credits of coursework set forth in Rule 238.01b - use coursework addendum)
- Evaluation and Verification of Supervised Experience form(s) in signed and sealed envelope(s) from all supervisors.
- ___ Provide proof of completion of a supervised practicum in no less than a twelve (12) month period as part of the graduate program. The practicum must consist of 300 hours of direct client contact, 150 of which must be with couples, families or other systems. Applicants with fewer than these hours must complete the supplemental practicum hours addendum. (See Rule 230.02)
 - ___ Proof of completion of at least three thousand (3,000) hours of graduate or post-graduate supervised experience in marriage and family therapy that meets the requirements in Rule 238.04 including a minimum of two thousand (2,000) post-master's direct client contact hours, 1,000 of which must be with couples, families or other systems over a period of not less than two (2) years.

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](#).

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.

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MARRIAGE & FAMILY THERAPISTS AND ASSOCIATE MARRIAGE AND FAMILY THERAPY APPLICANTS

I hereby make application for a license to practice as a (check only one box per application):

() Associate Marriage & Family Therapist () Marriage & Family Therapist

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** ____ / ____ / ____ **S.S. No.** ____ / ____ / ____
mm dd yyyy (This is not a public record; required by I.C. § 73-122.)
(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. **Business Phone** (____) _____ **Other**(____) _____ **E-mail** _____
(This number is a public record.) (This number is not public record.) (This is not a public record; required by I.C. § 67-2609.)

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

7. **Baccalaureate degree from** _____ on _____ in _____
Institution date major or program

8. **Master’s degree from** _____ on _____ in _____
Institution date major or program

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

10. **Graduate degree program title** _____

11. **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

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

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

14. **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.)

15. **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.)

(CONTINUED)

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 _____

IDAHO LICENSING BOARD OF PROFESSIONAL COUNSELORS and MARRIAGE & FAMILY THERAPISTS

MFT Coursework addendum

List below the graduate courses completed that correspond to the educational areas for marriage & family therapy. (see Rule 238.01.b).

COAMFTE – If you check this box, you are exempt from completing this addendum

CACREP – Marriage, Couple, Family Counseling (for LAMFT you are exempt from completing this addendum; for LMFT, please complete the addendum. Please note: This form **must** be filled out in its entirety.)

If you did not attend either a COAMFTE or CACREP MCFC program, please complete the addendum in its entirety.

Marriage & Family Studies (for LMFT 9 semester or 12 quarter credit minimum is required)

Year	Course Name	Institution	Course #	Hours Earned

Marriage & Family Therapy (for LMFT 9 semester or 12 quarter credit minimum is required)

Year	Course Name	Institution	Course #	Hours Earned

Biopsychosocial Health and Development (for LMFT 9 semester or 12 quarter credit minimum is required)

Year	Course Name	Institution	Course #	Hours Earned

Psychological & Mental Health Competency (for LMFT 6 semester or 8 quarter credit minimum is required)

Year	Course Name	Institution	Course #	Hours Earned

Professional Ethics & Identity (for LMFT 3 semester or 4 quarter credit minimum is required)

Year	Course Name	Institution	Course #	Hours Earned

Research (for LMFT 3 semester or 4 quarter credit minimum is required)

Year	Course Name	Institution	Course #	Hours Earned

NOTE: Credits may not be counted more than once or in more than one area and cannot be split between categories. The total credits for all categories must be no less than 39 semester or 52 quarter credits for LMFT and must be no less than 27 semester credits or 36 quarter credits with no minimum credit requirements for content areas for LAMFT.

Marriage & Family Clinical Practicum

Year	Course Name	Institution	Course #	Hours Earned

Marriage & Family Clinical Internship

Year	Course Name	Institution	Course #	Hours Earned

NOTE: practicum and clinical internship must be done in no less than 12 months.

MFT EVALUATION AND VERIFICATION OF SUPERVISED EXPERIENCE APPLICATION

The Applicant named below is seeking licensure to practice Marriage & Family Therapy 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 supervision logs unless requested.

A. Name of supervisor _____

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

C. Supervisor Contact Phone Number (____) _____

D. Supervised hours: **(check only one)**:

- INTERNSHIP / PRACTICUM / GRADUATE** **POST-GRADUATE**

E. Dates of practice by applicant at this setting: from _____ to _____

F. Total number of direct and indirect hours during period listed in E above: _____

1. Number of direct client contact hours included in F above: _____
2. Number of direct contact hours with couples, families and other systems included in F1 above: _____
Other systems refers to two or more people who are working on a relationship. It might be a couple, parent and child, siblings, employee and boss, co-workers. This question refers to situations where applicants have supervised experience with two or more people in the room.

G. Supervision hours during period listed in D above:

1. Individual (not group): Number of hours _____
2. Group supervision: Number of hours _____

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

Printed Name of Applicant

Signature of Applicant

EVALUATION AND VERIFICATION OF SUPERVISED EXPERIENCE

(continued)

SUPERVISOR INFORMATION

SECTION 2 - To be completed by the supervisor: (do not complete without reviewing Section 1- if the hours are entered incorrectly the hours will not be accepted)

Title at time of supervision _____

Title of professional license, if held _____

State of License _____ Professional License Number _____

I attest that during the time I was providing supervision to this candidate, I was a registered supervisor with the Idaho State Licensing Board of Professional Counselors and Marriage & Family Therapists. () YES () NO

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

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

I. I have reviewed the applicants hours and they () are **or** () are not substantially correct.
(If the supervision/contact hours are not correct the hours will not be accepted.)

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

K. 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.

Addendum for Marriage and Family Therapy Supplemental Practicum Hours

Supplemental hours are post-masters hours only (see Rule 10 and Rule 230)

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 (Must be a LMFT) _____

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

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 _____

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: _____

- Number of direct contact hours with families, couples and other systems included in F above _____
Other systems refers to two or more people who are working on a relationship. It might be a couple, parent and child, siblings, employee and boss, co-workers.
This question refers to situations where applicants have supervised experience with two or more people in the room.

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

Supplemental Practicum Hours
(continued)

SECTION 2 - To be completed by the supervisor: (do not complete without reviewing Section1)

State of License _____ LMFT 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

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.