

**IDAHO STATE LICENSING BOARD OF PROFESSIONAL COUNSELORS AND
MARRIAGE & FAMILY THERAPISTS**

DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSES

700 West State Street, Boise ID 83702 or

P.O. Box 83720, Boise ID 83720-0063

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REQUEST TO REACTIVATE MY INACTIVE LICENSE

I hereby request my license(s) number(s) _____ be placed on active status by paying the difference between the full licensure fee and the inactive licensure renewal fee and submitting verification of 20 hours of continuing education.

Since your last renewal have you had a license or registration revoked, suspended or otherwise sanctioned?
() Yes () No

(If yes, a copy of the charges and the final order must be received before your application will be processed.)

Since your last renewal were you convicted, found guilty, received a withheld judgement or suspended sentence of a felony or crime involving moral turpitude in this or any other state?

() Yes () No

(If yes, a detailed statement, a summary of the charges, the final order, any probation or parole documentation, and any other relevant information must be received before your application will be processed.)

Printed Name

Signature

Date