

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  
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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.