



**STATE LICENSING BOARD OF PROFESSIONAL COUNSELORS AND MARRIAGE & FAMILY THERAPISTS**  
**APPLICATION FOR INTERN REGISTRATION**

(continued)

**PHOTOGRAPH:** All applicants must attach an original passport photograph taken within the twelve months immediately preceding this application.

**EYE COLOR** \_\_\_\_\_

**HAIR COLOR** \_\_\_\_\_

ATTACH PHOTOGRAPH HERE

**OTHER DISTINGUISHING FEATURES**

\_\_\_\_\_  
\_\_\_\_\_

**SUPERVISOR REGISTRATION**

***Counselor Interns:***

**150.02.b.** Until July 1, 2004, the supervision must be provided by a Professional Counselor or a Clinical Professional Counselor licensed by the state of Idaho. Effective July 1, 2010, supervision must be provided by a counselor education faculty member at an accredited college or university, Professional Counselor, registered with the Board as a supervisor, a Clinical Professional Counselor, registered with the Board as a supervisor, a Marriage and Family Therapist, registered with the Board as a supervisor, a Clinical Social Worker registered as a supervisor with the Board of Social Work, a licensed Psychologist, or a licensed Psychiatrist, licensed by the state of Idaho. If the applicant's supervision was provided in another state, it must have been provided by a counseling professional licensed by that state, provided the requirements for licensure in that state are substantially equivalent to the requirements of Title 54, Chapter 34, Idaho Code.

***Marriage and Family Therapists Interns:***

**238.03.b.** Effective July 1, 2014 a minimum of one hundred (100) hours post-graduate supervision must be obtained from a registered marriage and family therapist supervisor. The remaining one hundred (100) hours of supervision may also be obtained from a licensed clinical professional counselor registered as a supervisor with the Board, licensed psychologist, licensed clinical social worker registered as a supervisor with the Board of Social Work Examiners, or licensed psychiatrist who documents:

- i. A minimum of five (5) years of experience providing marriage and family therapy; and
- ii. Fifteen (15) contact hours of education in supervisor training; and
- iii. Has not been the subject of any disciplinary action for five (5) years immediately prior to providing supervision.

**SUPERVISOR AFFIDAVIT**

I hereby certify under penalty of perjury that I hold a current and unrestricted license in counseling, marriage & family therapy, social work, psychology, or psychiatry and that I have not been the subject of any disciplinary action by any regulatory body within the five (5) years immediately preceding this application. I further certify that I have met the supervisor experience and education requirements outlined in Board law and rule, and that I have read and will comply with the Idaho Board's laws, rules, and adopted code of ethics governing the supervision of Counseling or Marriage & Family Therapy Interns, and that I will not register to provide supervision to more than six (6) counselor interns or marriage and family therapist interns at any one time. I agree to provide to the Idaho Board such documentation of my supervision of the applicant as may be requested.

\_\_\_\_\_  
Supervisor Name (please print)

\_\_\_\_\_  
License #

\_\_\_\_\_  
Supervisor Signature

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

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

(seal)

\_\_\_\_\_  
Notary Public official signature  
my commission expires \_\_\_\_\_