

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

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**APPLICATION FOR SUPERVISOR REGISTRATION
(There is no fee for registering as a supervisor with the Board)**

SUPERVISOR REGISTRATION

Each supervisor applicant must complete the following affidavit before providing post-graduate supervision in the state of Idaho under the provisions of Title 54, Chapter 34, Idaho Code. A supervisor shall not have been the subject of any disciplinary action for five (5) years immediately prior to providing supervision.

NOTE: Beginning July 1, 2016, all registered supervisors must submit a complete application for registration renewal and meet the renewal requirements every five years to continue to serve as a registered supervisor.

COUNSELOR SUPERVISOR REQUIREMENTS (RULE 200).

Effective July 1, 2004, Idaho licensed counselors shall be registered with the Board in order to provide postgraduate supervision for those individuals pursuing licensure in Idaho as a counselor.

1. Two (2) years experience as a licensed counselor, and;
2. One thousand five hundred (1,500) hours direct client contact as a counselor, and;
3. Fifteen (15) contact hours of education in supervisor training as approved by the Board.

MARRIAGE AND FAMILY THERAPIST SUPERVISOR REQUIREMENTS (RULE 239).

Effective July 1, 2004, licensed marriage and family therapists in Idaho shall be registered with the board to provide supervision for those individuals pursuing licensure in the state of Idaho as a marriage and family therapist.

1. Two (2) years experience as a licensed marriage and family therapist, and;
2. Two thousand (2,000) hours of direct client contact with couples or families as a marriage & family therapist, and;
3. Fifteen (15) contact hours of education in supervisor training as approved by the Board.

I hereby make application to register as a:

Counselor Supervisor **and/or** **Marriage & Family Therapist Supervisor**

AFFIDAVIT

I hereby certify under penalty of perjury that I hold a current and unrestricted license in counseling and/or marriage & family therapy 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 required by Idaho's Laws and Rules, and that I have read and will comply with the Idaho's laws, rules and adopted code of ethics governing the supervision of counseling or marriage & family therapy and that I will not register to provide supervision to more than six (6) individuals at any one time. I agree to provide documentation of my supervisory qualifications, as well as documentation of my supervision of individuals, to the Idaho Board as they may request.

Applicant Name (please print)

License # (s)

E-mail address

Applicant Signature

State of _____, County of _____, ss.

Subscribed and sworn before me this _____ day of _____, 20_____.

(seal)

Notary Public Official Signature

My Commission Expires _____