

# IDAHO SPEECH, HEARING AND COMMUNICATION SERVICES LICENSURE BOARD

Idaho Bureau of Occupational Licenses  
700 West State Street, Boise, 83702 or  
PO Box 83720, Boise, ID 83720-0063  
Phone: (208) 334-3233 Fax: (208) 334-3945  
Website: [www.ibol.idaho.gov](http://www.ibol.idaho.gov) E-mail: [shs@ibol.idaho.gov](mailto:shs@ibol.idaho.gov)

## APPLICATION INSTRUCTIONS FOR SPEECH LANGUAGE PATHOLOGY OR AUDIOLOGY PROVISIONAL PERMIT

The requirements noted below are for general information purposes only. Please review the applicable laws and rules for complete requirements. Please read the 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 at the address above. Please complete the entire application by providing all of the requested information. Your signature must be notarized and the appropriate fees must be attached. The Board will consider only completed applications. \*Processing will be delayed for applications that do not include a social security number or other documentation required under Idaho Code § 73-122.

NOTE: Upon termination of supervision, a new permit may be applied for in accordance with these rules, provided that the expiration date of the new permit is adjusted.

### Application Checklist

Please use this checklist as a guide to completing your application. Please remember any supporting documentation must come to the address above from the issuing source.

- Applicable Fees.
- Full Name, other names known by.
- Mailing and Business Addresses. (If no business address, write same).
- Proof of Age. (birth certificate, passport, military ID, or valid driver's license).
- Contact number or email.
- Official Transcripts.
- Any other supporting documentation (See Questions 6 through 10).
- Application Signed and Notarized.
- Plan for Supervision Signed and Notarized.
- Assigned Duties and Preparatory Training Addendum Completed.

All requested information, application fee, and initial permit fee must be provided. Failure to provide a complete application will result a delay in processing. All returned checks are subject to a \$20.00 fee.

APPLICATION FEE	\$30.00
<b>AND</b>	
PROVISIONAL PERMIT FEE	\$100.00

### Definitions

Definitions pertaining to practicing with a Provisional Permit in the state of Idaho may be found in Idaho Code 54-2919. Please review the laws and rule on the website: [www.ibol.idaho.gov](http://www.ibol.idaho.gov).

### Supervisor Responsibilities

The supervisor shall be familiar with State Licensure

Rule 460 for Speech-Language Pathologists  
Rule 470 for Audiologists

Please note that the relationship of a permit holder and their supervisor is public information. Anyone can request the information using a public records request. Further, approved supervisors are listed on the Bureau's website and may be identified with their provisional permit holders.

### Quarterly Reports

The maximum time allowed for any combination of new or renewed permits is 24 months for Audiologists. The maximum time allowed for any combination of new or renewed permits is 48 months for Speech-Language Pathologists. Every permit holder must submit a quarterly report of their activities together with supplemental attachments as may be necessary, attested to and signed by the permit holder and the supervisor of record. Quarterly reports are due on or before April 10th, July 10th, October 10th and January 10th for the three (3) months preceding the month due. If the permit has not been in effect for the entire quarter, the report is due for that portion of the quarter in which the permit was in effect. If quarterly reports are not received by the specified due date, the permit may be revoked.

### NOTE:

**A new permit must be applied for if your employment or supervisor changes.**

### Exemptions

A permit holder who possesses the Certificate of Clinical Competence in Audiology from American Speech-Language-Hearing Association (ASHA) shall be exempt from the daily contact requirement, and from the requirement to work in the same facility as the supervisor, and from the plan and progress report requirement from the date of issuance of the permit until the date of the next offered licensing examination. Failure of the licensing examination or failure to take the next offered licensing examination requires Board approval to continue this exemption.

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**APPLICATION FOR SPEECH LANGUAGE PATHOLOGY OR AUDIOLOGY PROVISIONAL PERMIT**

Please include a \$30.00 application fee and a \$100.00 permit fee with this application. Applications will not be reviewed by the Board until they are complete.

I hereby submit my qualifications and application for a provisional permit to practice as a (please check one)  Speech-Language Pathologist  Audiologist in the State of Idaho under the provisions of Title 54, Chapter 29, Idaho Code, and provide the following:

1. **Full Name** (Mr., Mrs., or Ms.) \_\_\_\_\_  
(Please include any other names used previously or currently.)
2. **Address of Record** \_\_\_\_\_  
(The above address is public record) Street City State Zip
3. **Mailing Address** \_\_\_\_\_  
(Will be used as address of record if none provided above) Street/PO Box City State Zip
4. **Date of Birth** \_\_\_/\_\_\_/\_\_\_ **Place of Birth** \_\_\_\_\_  
mm dd yyyy (Proof of age in the form of a copy of birth certificate, passport, military ID, or valid driver's license must be attached.)
5. **Social Security No.** \_\_\_/\_\_\_/\_\_\_ **E-mail** \_\_\_\_\_  
\*Not a public record; collected by I.C. § 73-122
6. **Business Phone** (\_\_\_\_) \_\_\_\_\_ **Cell Phone** (\_\_\_\_) \_\_\_\_\_ **Fax** (\_\_\_\_) \_\_\_\_\_  
(The above phone number is public record)
7. **Highest degree attained from** \_\_\_\_\_ **Date** \_\_\_\_\_ **Major** \_\_\_\_\_  
Official university/college transcripts noting that the degree has been conferred must be received by this office directly from the school registrar.
8. **Have you ever been licensed, registered or certified to practice in this or any profession in this or any other state, country, or territory?**  Yes  No  
(If Yes, certified documentation must be received by the Board directly from each issuing authority. Please list other states of licensure or certification here \_\_\_\_\_.)
9. **Have you ever had a professional license, certification, or registration revoked, suspended or otherwise sanctioned?**  Yes  No  
(If yes, a copy of the charges and the final order must be received by the Board before your application will be processed.)
10. **Have you ever been convicted, found guilty, received a withheld judgment, suspended sentence or punished for a felony or crime other than a minor traffic offense?**  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.)
11. **The entire APPLICATION ADDENDUM must be completed and attached.**

**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 Bureau of Occupational 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 Bureau of Occupational 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 \_\_\_\_\_

**APPLICATION FOR PROVISIONAL PERMIT  
ADDENDUM**

**PLAN FOR SUPERVISION**

My plan for supervising the named permit holder includes the following:

1. Daily contact schedule for supervisory sessions \_\_\_\_\_
2. Weekly contact schedule for supervisory sessions \_\_\_\_\_
3. My plan for client chart/record review, including frequency & nature of review, is as follows:  
\_\_\_\_\_  
\_\_\_\_\_
4. During the performance of the permit holder's duties I will be regularly present on site for a minimum of \_\_\_\_\_ hours per day/week (select one).
5. My written record of all supervisory sessions, including the amount of time I was available on site while the permit holder was performing duties and how I determined that time, will be maintained as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. I have attached additional information which may assist the Board in evaluating this application.                     Yes     No  
(Please list additional documentation below)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SUPERVISOR AFFIDAVIT**

I hereby certify that the responses provided on the preceding addendums are true and accurate to the best of my knowledge and belief. I further certify that I have read and will comply with the Idaho Speech and Hearing Services Licensure Board's Laws and Rules and those ethical standards adopted by the Board. I further certify that I will supervise the work of the applicant named until such time as I provide written notice by certified mail to the Board of the termination of my supervision. I further certify that I will be responsible for all practice and the ethical conduct of the named applicant while under my supervision, and that I may not supervise more than two (2) permit holders at a time. I understand that my failure to comply with the laws and rules governing the supervision of a permittee may result in disciplinary action against my license.

\_\_\_\_\_  
Print Applicant Name

\_\_\_\_\_  
Print Supervisor Name & Idaho License #

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

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

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

(seal)

\_\_\_\_\_  
Notary Public Official Signature  
My Commission Expires \_\_\_\_\_

**IDAHO SPEECH, HEARING AND COMMUNICATION SERVICES LICENSURE BOARD  
APPLICATION FOR PROVISIONAL PERMIT**

**Assigned Duties & Preparatory Training Addendum**

**ASSIGNED DUTIES**

Clearly identify each duty to be assigned to the applicant. Include information on the types of therapeutic services provided and the populations served.

a.

b.

c.

d.

e.

**TRAINING OR PREPARATION**

Clearly identify the training or preparation the applicant will or has received in order to perform each of the duties listed. Completion of a Master's Degree is the primary component. Please include other training, workshops or preparation that must occur to allow the applicant to perform all assigned duties such as billing, documentation or skills not yet acquired as it pertains to the listed assigned duties.

a.

b.

c.

d.

e.