

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 E-mail: shs@ibol.idaho.gov

APPLICATION INSTRUCTIONS FOR SPEECH-LANGUAGE PATHOLOGY LICENSE BY ENDORSEMENT

Please review the applicable laws and rules for the complete licensure requirements. Please read all application questions carefully. Several questions, if answered Yes, require additional documentation. You are required to contact the source of the required documentation and request the said documentation be submitted directly to the Board office at the address above. If the source will not provide the documentation, or the documentation is otherwise unobtainable, you must submit a written explanation and any documents in your possession that would assist the Board in reviewing your application. All requested information, application fee, and initial license fee must be provided. Processing will be delayed for applications that do not include a social security number or other documentation required under Idaho Code § 73-122. Completed licensure applications along with all requested documentation must be received in the Bureau of Occupational Licenses at least 7 business days prior to the next scheduled meeting. Applications received after that date may be held over for the Board's next meeting.

Endorsement Application Checklist

Please use this checklist as a guide to completing your application. **This method is for those who have a current license in another state with requirements substantially similar to Idaho's. Those seeking licensure for the first time should fill out the original license application.** Please remember any supporting documentation must come directly 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.
- Verification of Licensure from any states you have held or currently hold a license.
- You may be required to provide a copy of the licensure Laws/Rules from the state in which you are currently licensed or Official Certification of Clinical Competence.
- Application Signed and Notarized.

NOTE: Requirements for Licensure by Endorsement in the State of Idaho may be found in Idaho Code § 54-2918

Definitions

Definitions pertaining to the practice of Speech Language Pathology in the state of Idaho may be found in Idaho Code § 54-2903. Please review the statute on our website: www.ibol.idaho.gov.

License Requirement

Except as otherwise provided by law, it shall be unlawful for any person to engage in the practice or to perform or offer to practice speech-language pathology unless such person is duly licensed. A license issued by the Board shall be posted in the licensee's established place of business or carried upon the person, and shall be presented as proof of licensure upon demand.

Dual licensure

A person may be licensed as both an audiologist and a speech-language pathologist if such person duly meets the requirements of licensure for both. A person obtaining licensure as both an audiologist and a speech-language pathologist shall be charged fees as though the person had obtained only one (1) license.

Attention Military Service Members and Veterans

Please note that state professional and occupational licensing boards may accept your military education, training, and experience toward meeting the qualifications for a license, certification or registration. Boards may also expedite your application or the application of your spouse. See <https://legislature.idaho.gov/statutesrules/idstat/Title67/T67CH26/SECT67-2620/>

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Please include a \$30.00 application fee and a \$70.00 license fee with this application for a total of \$100. All completed applications must be approved by the Idaho Speech and Hearing Services Licensure Board at a regularly scheduled meeting. Incomplete applications may be delayed and not reviewed by the Board. All returned checks are subject to a \$20.00 fee.

I hereby submit my qualifications and application for a license to practice as a Speech-Language Pathologist 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. Legal documentation of any name changes is required if any supporting documentation includes other names.)
2. **Address of Record** _____
(The above address is a 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 a public record.)
7. **Master's degree from** _____ **on** ____/____/____ **with Major in** _____
8. **Doctorate degree from** _____ **on** ____/____/____ **with Major in** _____
9. **Have you completed 1260 hours of Supervised Postgraduate Professional experience?** () Yes () No
10. **Have you ever taken the National PRAXIS Examination for Speech-Language Pathology?** () Yes () No
11. **Are you currently or have you ever been licensed or practiced in this field in another state?** () Yes () No
(If Yes, certification of licensure or information regarding prior practice must be received directly from the issuing authority before your application will be processed.) Please list every state where you have ever held licensure or practiced in this field:

12. **Have you ever had a license, or registration revoked, suspended or otherwise sanctioned or been disciplined in connection with this practice?** () Yes () No
(If Yes, a copy of the charges and the final order must be received before your application will be processed.)
13. **Have you ever voluntarily surrendered a license, certification, or registration?** () Yes () No
(If Yes, a written explanation of the circumstances surrounding the surrender must be attached.)
14. **Have you ever been convicted, punished, found guilty, pled guilty or nolo contendere, entered an Alford plea, or received a withheld or suspended judgment 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.)

(continued)

APPLICATION FOR SPEECH-LANGUAGE PATHOLOGY LICENSE

(continued)

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 _____