

**IDAHO SPEECH AND HEARING SERVICES LICENSURE BOARD  
BUREAU OF OCCUPATIONAL LICENSES  
700 West State Street, P.O. Box 83720  
Boise, Idaho 83720-0063**

**APPLICATION INSTRUCTIONS FOR SPEECH-LANGUAGE PATHOLOGY LICENSE**

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. The Board will only review complete applications.

**Application Checklist**

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

**ORIGINAL LICENSE**

- 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 8 through 11).
- Application Signed and Notarized.

**Requirements for Licensure in the State of Idaho may be found in Idaho Code 54-2913**

**OR**

**ENDORSEMENT FROM ANOTHER STATE**

- 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.

**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](http://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.

**Provisional permit.**

The board may issue a provisional permit to allow a person to engage in the practice of speech-language pathology while completing either the required postgraduate experience or a comparable experience as required by Idaho law. The holder of a provisional permit may practice only while under the supervision of a person fully licensed under Idaho law. (See Rule 460.) **Please use the Provisional Permit Application form.**

**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.



**APPLICATION FOR SPEECH-LANGUAGE PATHOLOGY LICENSE**

(continued)

**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?** ( ) 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.)

**AFFIDAVIT**

I hereby attest under penalty of perjury that the responses provided and those attached to this application are true and accurate to the best of my knowledge and belief. I further attest that I have reviewed and will comply with the Idaho Laws and Rules and those ethical standards adopted by the Board that govern the practice for which I am applying. I hereby authorize and direct any person, agency, firm, or other entity to release, upon the request of the Bureau of Occupational Licenses or its authorized representative, any information, communication, report, record, statement, recommendation, or disclosure that may have bearing on my eligibility for or maintenance of the license for which I am applying. I understand that by signing this form I am authorizing the release of information about me that may otherwise be protected or confidential.

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