

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 AIDE or ASSISTANT 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 that 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. 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.

Original License Application Checklist

Please use this checklist as a guide to completing your application. **This method is for those who are new licensees. Those who are licensed in another state with requirements substantially similar to Idaho should fill out the endorsement application.** Supporting documentation must come to the address above 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 9 through 13).
- Application Signed and Notarized.
- Completed Open Book Exam

Requirements for Licensure in the State of Idaho may be found in Idaho Code § 54-2904

Definitions

Definitions pertaining to the practice of Speech Language Pathology Aide and Assistant in the State of Idaho may be found in Idaho Code § 54-2903. Please review the laws and rule on the 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.

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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APPLICATION FOR SPEECH-LANGUAGE PATHOLOGY AID OR ASSISTANT ORIGINAL LICENSE

Please include a \$30.00 application fee and a \$70.00 license fee with this application. There is a \$20 fee for returned checks. Applications will not be reviewed by the Board until they are complete. I hereby submit my qualifications and application for a license to practice as a () **Speech-Language Pathology Assistant** () **Speech-Language Pathology Aide** by 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** _____
(This address is a public record.) Street/PO Box City State Zip
3. **Mailing address** _____
(Will be used as address of record if none is 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** _____
6. **Business Phone** (____) _____ **Cell Phone** (____) _____ **Fax** (____) _____
(The above phone number is a public record.)
7. **Associates degree from** _____ **on** ____/____/____ **with Major in** _____
8. **Baccalaureate degree from** _____ **on** ____/____/____ **with Major in** _____
9. **Are you currently or have you ever been licensed in another state?** () Yes () No
(If Yes, certification of licensure must be received directly from the issuing authority before your application will be processed.)
Please list the state(s): _____
10. **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.)
11. **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.)
12. **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.)

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 _____

**Examination
for
SLP-Assistants or Aides**

Please circle the correct response. Refer to Idaho Statutes §§ 54-2907, 54-2910, 54-2914, 54-2915, Rule 350 and 400 and the application form provided with this exam to assist you.

- 1) Who is responsible for on the job training of speech-language pathology assistants or aides?
 - A. Hearing aid fitter and dealer
 - B. Audiologist
 - C. Speech-language pathologist
 - D. None of the above

- 2) Which one of the following titles is NOT appropriate according to Idaho's Speech, Hearing and Communications Services Laws?
 - A. Aide
 - B. Support personnel
 - C. Assistant
 - D. Helper

- 3) Who establishes the **Idaho** licensing rules that define the roles of speech-language support personnel, aides and assistants?
 - A. Idaho Bureau of Licenses
 - B. Idaho Speech, Hearing and Communication Services Licensure Board
 - C. Hearing Aid Fitters and Dealers
 - D. American Speech, Language and Hearing Association

- 4) What areas **may** be defined in the licensing rules?
 - A. Supervisory responsibilities of the licensee
 - B. Ratio of support personnel, aides or assistants to licensees
 - C. Scope of practice for speech-language pathology aides and assistants, restrictions and responsibilities
 - D. All of the above

- 5) What must a speech-language pathology aide or assistant do to become licensed in Idaho?
 - A. File a written application with the Board
 - B. Provide documentation that the applicant possesses the appropriate degree from an accredited college
 - C. Pass an examination approved by board
 - D. Never had a license revoked
 - E. All of the above

- 6) Who accepts full responsibility for the tasks and activities of the speech-language pathology support personnel, aide or assistant being supervised?
 - A. Support personnel
 - B. Supervising speech-language pathologist
 - C. Any speech-language pathologist
 - D. Aide
 - E. Assistant

- 7) Who approves applications for licensure?
 - A. Speech, Hearing and Communication Services Licensure Board
 - B. Governor
 - C. Idaho Speech and Hearing Association
 - D. Legislature and Governor
 - E. Idaho Bureau of Occupational Licenses

- 8) What is required for an application to be considered complete?
 - A. Social Security number
 - B. Payment of fees
 - C. Proof of age
 - D. All of the above

- 9) Application for a license as an SLP- Aide includes documentation of a:
 - A. Doctoral degree
 - B. Baccalaureate degree
 - C. Masters Degree
 - D. Associate's degree as an SLP-A

- 10) Application as an SLP-Assistant includes documentation of an:
 - A. Doctoral degree
 - B. Baccalaureate degree
 - C. Masters degree
 - D. Associate's degree

- 11) License renewal occurs on an applicant's birthday:
 - A. Every three years
 - B. Every other year
 - C. Twice per year
 - D. Once per year

- 12) Applicants for an SLP-A license must disclose:
 - A. Any criminal conviction or charge other than minor traffic infractions
 - B. Any disciplinary action against the applicant by any regulatory agency
 - C. Any denial of ...licensure by any state or district
 - D. All of the above

- 13) Support personnel, speech-language pathology aides and speech-language pathology assistants shall only:
 - A. Work in accredited school districts
 - B. Work under classified personnel
 - C. Work under the direction and supervision of a speech-language pathologist
 - D. Work under hearing aid dealers and fitters

- 14) If a speech-language pathology aide or assistant is interviewed by the speech and hearing services licensure board, the interview will be limited to a review of the applicant's:
 - A. Personal life
 - B. Qualifications and professional credentials
 - C. Qualifications and personal interests
 - D. Professional credentials and activities