

**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 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. 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 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

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.
- Completed Open Book Exam

Requirements for Licensure by Endorsement 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.

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

APPLICATION FOR SPEECH-LANGUAGE PATHOLOGY AID OR ASSISTANT LICENSE

Please include a \$30.00 application fee and a \$100.00 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 () Original License or () Endorsement 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. **Mailing address** _____
(This will be used as the address of record if none is provided below) Street/PO Box _____ City _____ State _____ Zip _____
3. **Address of Record** _____
(This address is public record) Street/PO Box _____ City _____ State _____ Zip _____
4. **Date of Birth** ____/____/____ **Place of Birth** _____ **Social Security No.** ____/____/____
mm dd yyyy
(Proof of age must be attached. A copy of your birth certificate, passport, military ID, or valid driver's license is acceptable.)
5. **Business phone** (____) _____ **Fax** (____) _____ **E-mail** _____
(This number is public record)
6. **Associates degree from** _____ **on** ____/____/____ **with Major in** _____
7. **Baccalaureate degree from** _____ **on** ____/____/____ **with Major in** _____
8. **Is your open book examination for SLP Aide or Assistant attached?** () Yes () No
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): _____
NOTE: If you are applying by endorsement, please include a copy of licensure law/rules information from your current 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?** () 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 _____

Name: _____

Date: _____

**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 and Hearing 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 and Hearing 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 and Hearing 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
- 15) Which of the following is true about the ten (10) continuing education credits that must be obtained?
- A. The credits must be earned each renewal period, with exception of the first renewal.
 - B. Proof of credits must be submitted if you are audited or renewing an expired license.
 - C. Only five (5) carry over credits may be used from the immediate preceding renewal period.
 - D. All of the above.