

IDAHO SPEECH, HEARING AND COMMUNICATION SERVICES LICENSURE BOARD

Division of Occupational and Professional Licenses
11341 W. Chinden Blvd., Building #4 Boise ID 83714 or
PO Box 83720, Boise, ID 83720-0063
Phone: (208) 334-3233 Website: https://dopl.idaho.gov
E-mail: shs@dopl.idaho.gov

PROVISIONAL PERMIT RENEWAL

- NOTE: The original permit must be current in order to renew. If your original permit has expired, you cannot renew according to Rule 480.04.6. Please submit this application at least a month before your permit expires.
The renewal application fees are not refundable. Send your application and fees to the address listed above with a check or money order made out to DOPL. Applications with credit cards and exact cash can be taken in person at the Board's office. All returned checks are subject to a \$20 fee.
Please note that the provisional permit must be issued before you can practice.
The renewal of a provisional permit is at the discretion of the Board with renewal being for one year with a maximum of two renewals per Rule 480.04.b. The renewal application must be received before the permit expires in order to renew.

\$80 renewal fee

Submit the completed form with the fees and log of supervisor/permit holder contacts to the address noted at top of this page. All requested information must be provided and all questions must be answered for the application to be considered.

I hereby make application for renewal of a provisional license:

This is the ___ 1st renewal ___ 2nd renewal (mark one)

1. Full Name (Mr., Mrs., or Ms.) _____
(If your name has changes since your last provisional permit was issued or renewed, please provide proof of the name change with this application.)

2. Address of Record _____
(The above address is public record.) Street/PO Box City State Zip

3. Mailing Address _____
(Will be used as address of record if none provided above.) Street/PO Box City State Zip

4. Current Permit # _____ Email _____

5. Business Phone (_____) _____ Cell Phone (_____) _____
(This number is public record.)

6. Since the date of your last application, have you had any license or other authority to practice disciplined or otherwise sanctioned? () Yes () No
(If Yes, a copy of the charges and the final order must be attached and received by the Board before your application will be processed.)

7. Since the date of your last application, have you been denied registration or licensure by any state, district, or regulatory body? () Yes () No
(If Yes, please explain what occurred and provide any documents relevant to the denial.)

8. Since the date of your last application, have you had a conviction, finding of guilt, withheld judgment, or suspended sentence for a felony or lesser crime? () Yes () No
(If Yes, a detailed statement as set forth in Rule 306, a summary of the charges, the final order, any probation or parole documentation, and any other relevant information must be attached and received by the Board before your application will be processed.)

9. List interpreting credential written interpreting exam(s) you have taken, the date(s) taken, and the results. (This list includes any written exam offered by RID, CASLI, EIPA, or any state government, or as part of a certification recognized in Rule 301.)

10. List interpreting practical or performance general interpreting exam(s) you have taken, the date taken, and the results. (This list includes EIPA, any exam recognized by RID, or as part of a certification recognized in Rule 301.)

11. What is your planned timeline for (re)testing and completing the requirements for an interpreting license?

12. Identify which settings you have worked since receiving a provisional permit.

	Yes	No
General Community		
Conference		
Education		
Employment-related services		
Legal		
Medical		
Mental Health		
Performing Arts		
Video Relay Service (VRS)		
Other:		
Other:		
Other:		

13. List the dates your quarterly reports were submitted for the past year.

14. Submit your logs for your supervisory sessions, as detailed in your provisional permit application's plan for supervision.

15. Please explain any change from your approved Plan for Supervision or the preparation section of the plan.

16. Submit an updated preparation plan that focuses on skills needed to qualify for a full license within the year.

17. Please explain the reason for the renewal:

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 Division of Occupational and Professional 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 Division of Occupational and Professional 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 _____

SUPERVISOR AFFIDAVIT

I hereby certify that I will comply with the Idaho Speech, Hearing and Communication 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. I understand that my failure to comply with the rules governing the supervision of a provisional license holder 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 _____