

**IDAHO SPEECH, HEARING AND COMMUNICATION SERVICES LICENSURE BOARD**  
**Division of Occupational and Professional Licenses**  
**11341 W. Chinden Blvd., 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](mailto:shs@dopl.idaho.gov)**

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

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. Completed licensure applications along with all requested documentation must be received in the Division of Occupational and Professional 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. Processing will be delayed for applications that do not include a social security number or other documentation required under Idaho Code § 73-122. **Incomplete applications that do not include all the items required (excluding those items that must be sent directly to our office from an issuing authority) will delay licensure.**

**Endorsement Application Checklist - Please keep a copy of this application for your records.**

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.

- Completed application. All requested information must be provided and the form must be notarized.
- Full name currently being used. Also include any other names previously used. (If the name on your application does not match supplemental materials, such as the proof of age document or the transcripts, please provide proof of the name change in the form of a marriage certificate, divorce decree or court order.)
- Proof of age – a clear and readable color copy of a government-issued photo ID such as a passport, military ID, or valid driver's license is acceptable.
- Verification of Licensure from any states where you have ever been licensed must be sent directly to our office from the issuing authority.

**If the licensing state guarantees they are a primary source verification state, you may provide a print out of the license certification and include it with your application.**

- 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.
- Applicable fees of \$95.00.

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

APPLICATION FEE - \$25.00      LICENSE FEE - \$70.00

FEES ARE NOT REFUNDABLE. Please make checks and money orders payable to IDOPL. All returned checks are subject to a \$20.00 fee and the application will be invalid

**All applicants must review the Idaho laws & rules** prior to licensure. Please note that according to Section Idaho Code § 54-2904, you must be licensed to practice. The Board's Laws and Rules may be downloaded at: <https://dopl.idaho.gov>.

**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: <https://dopl.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 MEMBERS AND SPOUSES OF MEMBERS OF THE ARMED SERVICES**

If you are a member of the armed forces, an honorably discharged veteran or the spouse of an active member or veteran of the military, you are entitled to certain benefits because of your service. Those benefits may include expedited processing of your application and credit for military training that is relevant to the occupational license/registration for which you are applying. For a full explanation of eligibility and a comprehensive description of benefits available, see [Idaho Code §§ 67-9401-9407](#). Additionally, active members of the military may be eligible for a waiver of renewal fees and other renewal requirements, see [Idaho Code § 67-2602A](#).

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**APPLICATION FOR SPEECH-LANGUAGE PATHOLOGY LICENSE BY ENDORSEMENT - \$95**

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.)
- 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** \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yyyy  
(Proof of age – a clear and readable color copy of a government-issued photo ID such as a passport, military ID, or valid driver’s license must be attached.)
- 5. Social Security No.** \_\_\_\_/\_\_\_\_/\_\_\_\_ **E-mail** \_\_\_\_\_  
(This is not a public record; required by I.C. § 73-122.) (This is not a public record; required by I.C. § 67-2609.)
- 6. Business Phone** (\_\_\_\_) \_\_\_\_\_ **Cell Phone** (\_\_\_\_) \_\_\_\_\_
- 7. Master’s degree from** \_\_\_\_\_ **on** \_\_\_\_/\_\_\_\_/\_\_\_\_ **with Major in** \_\_\_\_\_
- 8. Doctorate degree from** \_\_\_\_\_ **on** \_\_\_\_/\_\_\_\_/\_\_\_\_ **with Major in** \_\_\_\_\_
- 9. Are you or your spouse an active member or honorably discharged veteran of the United States Armed Services?**  
(To utilize experience or education gained in the military to qualify you for this license/registration, please attach a copy of your DD-214.) ( ) Yes ( ) No
- 10. Have you completed 1260 hours of Supervised Postgraduate Professional experience?** ( ) Yes ( ) No
- 11. Have you ever taken the National PRAXIS Examination for Speech-Language Pathology?** ( ) Yes ( ) No
- 12. Are you currently or have you ever been licensed or practiced in this field in another state?** ( ) Yes ( ) No  
If Yes, list the State(s) here \_\_\_\_\_. Certification of licensure must be received directly from the licensing authority or received in a print out from the issuing authority website guaranteeing primary source verification before your application will be processed.
- 13. 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.)
- 14. 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.)
- 15. 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, the Criminal Conviction Disclosure Form, official court documents, and probation and parole documents along with any other relevant information must be received with this application.)

(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 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 \_\_\_\_\_

**Note: The applicant’s signature must be notarized. The applicants must declare the answers provided are true in front of a notary (jurat). The language “subscribed and sworn” must appear before the applicant’s signature. An “acknowledgement” where the notary only verifies the identity of the applicant is not acceptable.**