

# 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 ASSISTANT LICENSE

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. 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.**

### **Original License 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 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.

- 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 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.
- Proof of Passing an examination in speech-language pathology assistant offered by the American Speech-Language Hearing Association (ASHA).
- Official Transcripts sent directly to our office from the issuing authority.
- Verification of Licensure from any states you have held or currently hold a license sent directly to our office from the issuing authority. Any other supporting documentation (See Questions 11 through 13).
- Applicable fees of \$95.00.

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

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 Assistant in the State of Idaho may be found in Idaho Code § 54-2903. Please review the laws and rules on the 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.

### **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](#).

**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 “acknowledgment” where the notary only verifies the identity of the applicant is not acceptable.**

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APPLICATION FOR SPEECH-LANGUAGE PATHOLOGY ASSISTANT ORIGINAL LICENSE - \$100

I hereby submit my qualifications and application for a license to practice as a Speech-Language Pathology Assistant 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.)
2. Address of Record
3. Mailing address
4. Date of Birth / / Social Security No. / /
5. Business Phone ( ) Cell Phone ( ) E-mail
6. Associate degree from on / / with Major in
7. Baccalaureate degree from on / / with Major in
8. Are you or your spouse an active member or honorably discharged veteran of the United States Armed Services?
9. Are you currently or have you ever been licensed in another state?
11. Have you ever had a license, or registration revoked, suspended or otherwise sanctioned or been disciplined in connection with this practice?
12. Have you ever voluntarily surrendered a license, certification, or registration?
13. 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?

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.

State of \_\_\_\_\_, County of \_\_\_\_\_, ss.
Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

(seal)

Signature of Applicant
Notary Public Official Signature
My Commission Expires \_\_\_\_\_