

**APPLICATION FOR PROVISIONAL PERMIT
ADDENDUM**

PLAN FOR SUPERVISION

My plan for supervising the named permit holder includes the following:

1. Daily contact schedule for supervisory sessions

2. Weekly contact schedule for supervisory sessions

3. My plan for client chart/record review, including frequency & nature of review, is as follows:

4. During the performance of the permit holder's duties I will be regularly present on site for a minimum of _____ hours per day/week.

5. My written record of all supervisory sessions, including the amount of time I was available on site while the permit holder was performing duties and how I determined that time, will be maintained as follows:

6. I have attached additional information which may assist the Board in evaluating this application. Yes No
(Please list additional documentation below)

SUPERVISOR AFFIDAVIT

I hereby certify that the responses provided on the preceding addendums are true and accurate to the best of my knowledge and belief. I further certify that I have read and will comply with the Idaho Speech and Hearing 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, and that I may not supervise more than two (2) permit holders at a time. I understand that my failure to comply with the laws and rules governing the supervision of a permittee 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 _____

**IDAHO SPEECH, HEARING AND COMMUNICATION SERVICES LICENSURE BOARD
APPLICATION FOR PROVISIONAL PERMIT**

Assigned Duties & Preparatory Training Addendum

ASSIGNED DUTIES

Clearly identify each duty to be assigned to the applicant. Include information on the types of therapeutic services provided and the populations served.

- a.
- b.
- c.
- d.
- e.

TRAINING OR PREPARATION

Clearly identify the training or preparation the applicant will or has received in order to perform each of the duties listed. Completion of a Master's Degree is the primary component. Please include other training, workshops or preparation that must occur to allow the applicant to perform all assigned duties such as billing, documentation or skills not yet acquired as it pertains to the listed assigned duties.

- a.
- b.
- c.
- d.
- e.