

**MONTANA BOARD OF SPEECH-LANGUAGE PATHOLOGISTS & AUDIOLOGISTS**

P.O. Box 200513

301 South Park, 4<sup>th</sup> Floor [Delivery]

Helena, Montana 59620-0513

406-444-5711 FAX 406 841-2305

E-MAIL: [dlibsdslp@mt.gov](mailto:dlibsdslp@mt.gov) WEBSITE: [www.slpaud.mt.gov](http://www.slpaud.mt.gov)**ANNUAL AIDE/ASSISTANT REGISTRATION FORM**

This registration form must be completed and submitted by the Montana licensed speech-language pathologist and/or audiologist who will be supervising the aide. Under Montana law, all licensed speech-language pathologists and/or audiologists who directly supervise aides are required to register those aides annually by October 31 (see [37-15-313, MCA](#)).

**Note: Under Montana law, aides are registered—not licensed. All aides must work directly under the supervision of a Montana licensed speech pathologist or audiologist.**

**GENERAL INFORMATION**

- Statute and rules pertaining to speech-language pathologist aides and audiology aides can be found in [Title 37, Chapter 15, Parts 1-3, MCA](#) and [ARM Title 24, Chapter 222](#).
- To supervise an aide/assistant, the licensed supervisor must have been fully licensed in Montana or another state or jurisdiction for at least one year per [ARM 24.222.701\(1\)](#). [If you have not been licensed for at least one year in Montana or another jurisdiction you may not register an aide/assistant.](#)
- Minimum requirements to be a registered as an aide/assistant include:
  - education ([ARM 24.222.301](#)); and
  - continuing education and associated reporting requirements ([ARM 24.222.2101](#))

**FEES**

- The cost of registration is \$30 per aide/assistant. For example, if one supervisor registers one aide/assistant the fee is \$30; two aides/assistants is \$60, etc.
- Make checks payable to the Montana Board of Speech-Language Pathologists and Audiologists.

**MONTANA BOARD OF SPEECH-LANGUAGE PATHOLOGISTS & AUDIOLOGISTS**

P.O. Box 200513  
 301 South Park, 4<sup>th</sup> Floor [Delivery]  
 Helena, Montana 59620-0513  
 406-444-5711 FAX 406 841-2305  
 E-MAIL: [dlibsdslp@mt.gov](mailto:dlibsdslp@mt.gov) WEBSITE: [www.slpaud.mt.gov](http://www.slpaud.mt.gov)

**ANNUAL AIDE/ASSISTANT REGISTRATION FORM**

1. FULL NAME OF SUPERVISING SPEECH-LANGUAGE PATHOLOGIST OR AUDIOLOGIST

\_\_\_\_\_ *Last* \_\_\_\_\_ *First* \_\_\_\_\_ *Middle*

2. MAILING ADDRESS

\_\_\_\_\_ *Street or PO Box* \_\_\_\_\_ *City, State* \_\_\_\_\_ *Zip*

3. E-MAIL ADDRESS

4. TELEPHONE

\_\_\_\_\_

5. MT LICENSE TYPE            SLP            AUD            DUAL (SLP and AUD)

6. LICENSE NUMBER \_\_\_\_\_ 7. LICENSE EXPIRATION DATE \_\_\_\_\_

8. LICENSE DATE

**Note: If you have not been licensed in Montana or another jurisdiction for at least one year you cannot supervise/register an aide/assistant.**

Yes, I have been licensed fully licensed in the state of Montana for at least one year.

No, I have not been licensed in Montana for at least one year, but I am currently or was previously licensed in \_\_\_\_\_ for at least one year.

9. NUMBER OF AIDES/ASSISTANTS SUPERVISED

I currently supervise \_\_\_\_\_ aides.

10. AIDE/ASSISTANT REGISTRATION

Name of Aide/Assistant (Last, First)	Type of Aide/Assistant (SLP I, SLP II, SLP III, or Audiology Aide/Assistant)

**I affirm I have read and understand my responsibilities in supervising and registering aide(s)/assistants(s) under [Title 37, Chapter 15, Parts 1-3, MCA](#) and [ARM Title 24, Chapter 222](#).**

**DECLARATION**

**I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of Speech-Language Pathologists and Audiologists. I hereby declare under penalty of perjury that the information included in the aide application and supervisor information to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement may lead to denial of the aide application or subsequent revocation of annual registration on ethical grounds. I have read and will abide by the current statutes and rules of the State of Montana governing the profession. I will abide by the current laws and rules that govern my practice.**

\_\_\_\_\_  
Signature of Licensed Supervisor

\_\_\_\_\_  
Date