

BOARD OF SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS**301 SOUTH PARK, 4TH FLOOR****PO BOX 200513****HELENA MONTANA 59620-0513****(406) 444-5711 FAX: (406) 841-2305**Email: unitb@mt.gov Website: slpaud.mt.gov

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED.

Please allow 30 days for processing from the date that the Board has a complete routine application

**SPEECH PATHOLOGISTS & AUDIOLOGISTS ARE NOT PERMITTED TO PRACTICE IN MONTANA
IN ANY MANNER WITHOUT AN ACTIVE MONTANA LICENSE****LICENSURE QUALIFICATIONS FOR SPEECH-LANGUAGE PATHOLOGISTS**

- ◆ Masters Degree in Speech Pathology or Communication Disorders which meets the current (2005) academic, supervised clinical practicum, and post classroom sponsored employment requirements.
- ◆ Completion of Speech-Language Pathology practicum involving scope of practice with both adults and children with a minimum of 400 clock hours of supervision of which 375 hours must be in direct patient contact and 25 hours of clinical observation.
- ◆ Completion of a 36 week Speech-Language Pathology clinical experience with a mentor.
- ◆ Passage of the National Praxis Series exam.
- ◆ Passage of the Board of Speech-Language and Audiology Montana Jurisprudence exam with a score of 95% or higher.
- ◆ An active temporary permit to practice may be obtained by speech-language pathologists and/or audiologists who are in their clinical fellowship year or clinical practicum and/or who are waiting to take the national examination. The temporary permit expires 2 years after issuance.

DOCUMENTS

The following documents must be submitted to the Board office in order to complete your license application. Please make 8 1/2"x11" copies of the following and submit with your application.

1. **Copy of your Certificate of Clinical Competence (note: evidence of the C's certificate may be submitted for requirements 2 through 4).**
2. Official Transcripts
3. Clinical Fellowship Plan must be submitted for Temporary license applicants. Upon completion of the clinical experience year, the supervisor of the Temporary Permit must submit a clinical experience year report to the Board office.
4. Upon completion of the Praxis examination, an original or authenticated copy of the score earned on the national exam in Speech-Language Pathology must be sent to the Board office.

LICENSURE QUALIFICATIONS FOR AUDIOLOGISTS (Au.D.)

- ◆ For application on or after January 1, 2007, an applicant shall possess a Doctor of Audiology degree (Au.D.) or a Ph.D. in Audiology from an accredited program approved by the Board.
- ◆ Submit documentation of education by official transcript sent from the college or university where the applicant obtained his/her doctoral degree.
- ◆ Submit official verification of scores and completion of a national exam as approved by the Board.
- ◆ Complete application for Montana Licensure.

QUALIFICATIONS FOR ACTIVE TEMPORARY LICENSE FOR EXAM APPLICANTS

An active temporary license to practice as a speech-language pathologist and/or audiologist in Montana will be issued to qualified individuals engaged in clinical experience year activities (CEY-Montana, 37-15-303(1), MCA); or clinical fellowship year (CFY-ASHA) activities. An active nonrenewable license shall be issued for two years and is nonrenewable except at the discretion of the Board.

REQUIREMENTS FOR LICENSURE OF OUT OF STATE APPLICANTS

A license to practice speech-language pathology and/or audiology in the state of Montana may be issued at the discretion of the Board provided the applicant completes and files an application for licensure, and provides proof the applicant holds the certificate of clinical competence of the American Speech-Language-Hearing Association in the area for which the applicant is applying for a license.

If an applicant for audiologist licensure is the holder of a valid and unrestricted license to practice audiology in another state, which was issued under standards equivalent to or greater than current standards in this state *prior to January 1, 2007*, the applicant *will not be required to obtain a doctorate* to qualify for licensure to practice audiology in the future in this state.

- ◆ Submit official written verification of an active, valid and unrestricted license in speech-language pathology directly from the other state or jurisdiction where license(s) is held.
- ◆ Supply a copy of a certified transcript sent directly from a college, university or institution approved by the Board, including those programs accredited by the American Board of Examiners in Speech-Language Pathology & Audiology.
- ◆ Supply proof of successful completion of a currently recognized national exam.

TEMPORARY PRACTICE PERMITS FOR OUT-OF-STATE APPLICANTS

A speech-language pathologist and/or audiologist who holds ASHA certification or equivalent, or is licensed in another state and who has made application to the board for a license in Montana may be granted a temporary permit to practice pending the approval of their application. Applications are good for one year; following that time period, a new application must be completed and a new fee paid.

APPLICATION PROCEDURES

- ◆ When the application file is complete, it will be processed and considered by Board staff for permanent licensure. The applicant may be notified if additional information is required.
- ◆ If the application is considered a non-routine application, there may be a delay in processing of the application. You may be requested to provide additional information, or make a personal appearance before the Board during a regularly scheduled Board meeting and/or the application may require Board consideration. Non-routine applications may take up to 120 days to process.
- ◆ All verifications of licensure for endorsement applicants must be sent directly from each state board in which the applicant is currently or has ever been licensed. Some states may charge a fee for verifications. Contact each state board prior to sending the request.
- ◆ Keep the Board office informed at all times of any address changes, changes in license status and complaints or proposed disciplinary action. This is essential for timely processing of applications and subsequent licensure.

PROCESSING PROCEDURES

- ◆ Once a routine application is complete and all documentation has been received, the application takes up to 30 days to process from the time it is received in the Board office.
- ◆ The applicant will be notified in writing of any deficient or missing items from the application file.
- ◆ Once a routine application is processed and approved a letter of notification will be sent and a permanent or temporary license will be issued.

FEES **\$350.00 Combined Application and Initial License Fee**
 \$ 50.00 Temporary 2 year license fee for CFY applicants

Applicants who are applying for both a Speech Pathology and Audiologist license are only required to pay one fee for the license and application

****Make check or money order payable to the Montana Board of Speech-Language Pathologists and Audiologists****

For information with regard to the processing of this application or other concerns please contact the Board of Speech Pathologists and Audiologists staff at (406) 841-2202 or email us at unitb@mt.gov

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APPLICATION FOR LICENSURE AS:

- SPEECH-LANGUAGE PATHOLOGIST - \$350.00
- OUT-OF-STATE APPLICANT (licensed in another state) - \$350.00

- ACTIVE TEMPORARY (2 year license pending CEY and/or out-of-state applicants) - \$50.00
- AUDIOLOGIST (AU.D.) - \$350.00
- OUT-OF-STATE APPLICANT (licensed in another state) - \$350.00

1. FULL NAME _____

2. OTHER NAME(S) KNOWN BY _____

3. ORGANIZATION NAME _____

4. ORGANIZATION ADDRESS _____
Street or PO Box # City and State Zip

5. HOME ADDRESS _____
Street or PO Box # City and State Zip

PREFERRED METHOD OF CONTACT

HOME ORGANIZATION EMAIL ADDRESS _____

6. TELEPHONE _____
Business Home Fax

7. SOCIAL SECURITY NUMBER _____ FOREIGN ID NUMBER _____

8. DATE OF BIRTH _____ MALE FEMALE

9. Which exam did you take for initial licensure?
 PRAXIS Jurisprudence

10. List all professional licenses you hold or have **ever** held. Verification must be sent directly to Montana from each state/province/territory.

State	License Type	License Method	Requested State Verification
		<input type="checkbox"/> Exam <input type="checkbox"/> Endorse <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Exam <input type="checkbox"/> Endorse <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you ever had an application for a professional or occupational license refused or denied? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No

Have you ever withdrawn an application for licensure prior to the licensing agency's decision regarding your application? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No

Has a licensing agency initiated or completed disciplinary action against any professional or occupational license you have held? If yes, please provide agency documents including the complaint, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements directly from the source. Yes No

Have you ever voluntarily surrendered, cancelled, forfeited, failed to renew a professional or occupation license in anticipation of or during an investigation or disciplinary proceedings or action? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No

Is there a pending complaint against you with a professional or occupational licensing agency? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No

Have any civil legal proceedings been filed against you by a (patient/client), (former patient/client) or employer/employee? If yes, attach a detailed explanation and documentation from the source including initiating document(s) and documentation of final disposition. Yes No

Have you ever been convicted of a misdemeanor or felony crime or do you have a pending criminal charge? "Convicted" for the purposes of this question includes a conviction under appeal, guilty plea, no contest plea, and/or forfeiture of bond. "A pending criminal charge" for the purpose of this question includes a deferred imposition of sentence and/or deferred prosecution. If you answer yes, you must submit a detailed explanation of the events AND the charging documents and final judgments or orders of dismissal. You must report but may omit documentation for: (1) misdemeanor traffic violations older than 10 years and that resulted in fines of less than \$200; and (2) convictions prior to your 18th birthday unless you were tried as an adult. Yes No

Have you ever been diagnosed with chemical dependency or another addiction, or have you participated in a chemical dependency or other addiction treatment program? If yes, please attach a detailed explanation and provide documentation regarding evaluations, diagnosis, treatment recommendations and monitoring from the source. Yes No

Have you been diagnosed within the past 5 years with a physical condition or mental health disorder involving potential health risk to the public? If yes please provide a detailed explanation. Yes No

Have you ever been courts martial or discharged other than honorably from any branch of the armed service? If yes, attach a detailed explanation and documentation from the source. Yes No

Have you ever been denied the privilege of taking an examination required for any professional or occupational license? If yes, please attach a detailed explanation and provide supporting documentation from the source.

Yes No

Have you ever withdrawn or been suspended, placed on probation, expelled or requested to resign from any postsecondary educational program? If yes, please attach a detailed explanation and provide supporting documentation from the source.

Yes No

Have you ever requested temporary or permanent leave of absence, been placed on probation, restricted, suspended, revoked, allowed to resign, or otherwise acted against by any professional or occupational education program (i.e., residency, internship, apprenticeship, etc)? If yes, please attach a detailed explanation and provide supporting documentation from the source.

Yes No

Have you ever been the subject of any sanction or action, denial, suspension, revocation, restriction or termination regarding hospital, facility or staff privileges; health maintenance organization participation, third party provider or Medicare/Medicaid participation; or any other privileges? If yes, please attach a detailed explanation and provide supporting documentation from the source.

Yes No

Have you ever been censured, expelled, denied membership or asked to resign from a professional organization related to your professional or occupation? If yes, please attach a detailed explanation and provide documentation from the source.

Yes No

Do you have any initiated or completed action against you by any state, federal, tribal, or foreign licensing jurisdiction? (For example: Drug Enforcement Agency; Alcohol, Tobacco and Firearms; Homeland Security; Indian Health Service, etc) If yes, please attach a detailed explanation and provide documentation from the source.

Yes No

11. PROFESSIONAL EDUCATION:

Name of University or College	City and State/Province/Territory	Dates Attended	Credits/Degree Earned

Internship Program	City and State/Province/Territory	Dates Attended	Diploma Received
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Fellowship	City and State/Province/Territory	Dates Attended

12. **PRACTICE HISTORY:** List **all** activities after education (other than those already set forth above) in chronological order, up to and including the present. Specify nature of activity; for example, private practice, hospital practice, vacation, school, private employment, etc. (If medical practice, indicate nature of practice.) **Account for all periods of time longer than 1 month. Indicate specific month and year for each activity.** Use additional paper if necessary.

Name and Location of Practice	Activity/Position	Inclusive Dates	Reason for Leaving

TEMPORARY PERMIT ADDITIONAL INFORMATION:

SIGNATURE OF LICENSED SPEECH-LANGUAGE PATHOLOGIST WHO IS SUPERVISING

Supervisor's signature - this form is not complete without your supervisor's signature

APPLICANT: _____ DATE: _____

CLINICAL EXPERIENCE YEAR PLAN

A. Identification:

- 1. Name _____
- 2. Address _____
- 3. Area of Licensure _____

B. Clinical Experience Year Setting:

- 1. Name and place of CEY obtained _____
- 2. Beginning date of CEY _____ Ending date of CEY _____
- 3. Number of hours per week spent in Speech _____

C. Clinical Experience Year Sponsor:

- 1. Name of CEY Sponsor _____
- 2. Place of Employment _____
- 3. CEY Sponsor's Montana License # and expiration date _____

D. Clinical and Sponsor Responsibilities

	Applicant Hours per month (est.)	Proposed Evaluation time/month (est.)
1. Assessment, Diagnosis/evaluation		
2. Screening		
3. Habilitation/Rehabilitation		
4. Staff meetings		
5. In-Service Training		
6. Record Keeping		
7. Other, Please Specify		

E. TO BE COMPLETED BY CEY APPLICANT: I, the Clinical Experience Year Applicant have discussed the above plan with my CEY Sponsor and agree to its' implementation.

Signature of Applicant _____ Date _____

F. TO BE COMPLETED BY THE CLINICAL EXPERIENCE SPONSOR: I, the Clinical Experience Year Sponsor, have discussed the above plan with the CEY Applicant and accept responsibility for its' implementation.

Sponsor/Supervisor Signature and Address _____
(Your signature is also required at the top of this page)

Street or PO Box City State Zip Date: _____

ACADEMIC AND CLINICAL PRACTICUM AFFIDAVIT
 BOARD OF SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS
 301 SOUTH PARK 4TH FLOOR, PO BOX 200513
 HELENA MONTANA 59620-0513

In lieu of completing the TRAINING APPLICATION FORM and the SUPERVISED CLINICAL PRACTICUM FORM, the following affidavit may be submitted to the board.

I certify that I have completed the academic and clinical practicum requirements specified in this act which are equivalent to the 2005 American Speech-Language-Hearing Association requirements for the Certificate of Clinical Competence.

This was completed at _____ (Institution)
 and this program was accredited by the American Board of Examiners in Speech-Language Pathology and Audiology (ABESPA) at the time I completed said requirements.

 Signature of Applicant _____
 Date

 Signature of Program Director _____
 Date

 Institution

MONTANA BOARD OF SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS
CLINICAL EXPERIENCE YEAR REPORT
(To be completed at the end of the CEY)

1. Name of Applicant _____

2. Mailing Address _____

3. Montana Probationary License Number _____

Expiration Date _____ Speech _____

4. Name of Clinical Experience Year Sponsor _____

5. Name and Place of CEY Experience _____

6. Beginning Date _____ Ending Date _____

7. Number of hours per week spent in Speech Pathology _____

8. Was the CEY Plan implemented as submitted? Yes _____ No _____

If not, please explain _____

9. Note total number of direct observations _____ and average length _____

Total number of indirect contacts _____

10. Do you recommend that the applicant's Clinical Experience Year be approved by the Board of Speech-Language Pathologists and Audiologists? Yes No

I have discussed this report with my CEY applicant.

Signature of Sponsor _____ Date _____

I have discussed this report with my CEY sponsor.

Signature of Applicant _____ Date _____

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 the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and am familiar with the applicable licensure laws of the State of Montana and instructions to applicants for licensing. I accept the rules and procedures outlined in these documents as the basis for my application.

Signature of Applicant

Date _____

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REQUEST FOR OFFICIAL VERIFICATION OF LICENSURE
 (THIS IS NOT AN ENDORSEMENT CERTIFICATION)

APPLICANT: Do **NOT** send this form in with your application. This is to be used as necessary to request official license verification from states or licensing entities in which you currently hold, or ever have held a license.

COMPLETE THE FORM AND MAIL IT TO ANY STATE BOARD IN WHICH YOU ARE REQUESTING OFFICIAL LICENSE VERIFICATION BE SENT TO THE MONTANA BOARD. YOU MAY COPY THIS FORM AS MANY TIMES AS NEEDED. BE ADVISED THAT SOME BOARDS REQUIRE A FEE FOR THIS SERVICE. IT IS RECOMMENDED YOU CONTACT THE BOARDS BY PHONE PRIOR TO MAILING IN THIS FORM TO SEE IF YOU NEED TO INCLUDE PAYMENT.



LICENSEE INFORMATION

To Whom It May Concern:

I am applying for a license to practice Speech-Language Pathology and Audiology in the State of Montana and the Board of Speech-Language Pathologists and Audiologists requires official license verification. This is your authority to release any information in your files, favorable or otherwise, **DIRECTLY** to:

Montana Board of Speech-Language Pathologists and Audiologists
PO Box 200513
Helena, MT 59620-0513.

Your prompt response is appreciated.

Name (Please Print) _____ Signature _____

Address: _____

Street or PO Box # _____ City _____ State _____ Zip _____

My License Number from your State is: _____ License Type: _____



Montana Board of Speech-Language Pathologists & Audiologists Jurisprudence Exam

Name _____

Address _____

City _____ State _____ Zip _____

Signature _____

***By signing on the above line, I verify that I am the person completing this exam.**

- This exam is to be taken by speech-language pathologist and/or audiologist applicants. This exam must be passed for licensure.
- This is an open book exam. Please download the statutes and administrative rules governing speech-language pathology and audiology found on our website <http://www.slpaud.mt.gov> under the "Regulations" tab. Then click on "Administrative Rules" and "Statutes". You may also contact the board office at dlibsdsjp@mt.gov if you have trouble finding the rules and statutes on the website. Note that the statutes ("Montana Code Annotated" or "MCA") are legislative mandates. The administrative rules ("Administrative Rules of Montana" or "ARM") explain how to implement the statutes.
- This exam consists of 20 questions. Questions 1 through 17 require you to select one answer among the choices given. If more than one answer is chosen per question, or if you fail to answer the question, the question will be scored as incorrect. Questions 18 through 20 are fill-in-the-blank. Please take your time and review your answers.
- A passing score of 19 out of 20 correct answers is required for a speech-language pathologist and/or audiologist license in the state of Montana. If you fail the exam three times you must petition the board for each subsequent retake ([ARM 24.222.510](#)).

____ 1. Which corresponds to the membership composition of the board?

- A. 2 audiologists, 2 speech-language pathologists, 1 consumer
- B. 1 audiologist, 1 speech-language pathologist, 2 consumers
- C. 1 professional, 3 consumers, 1 physician
- D. 1 audiologist, 1 speech-language pathologist, 1 consumer

____ 2. To practice as a speech-language pathologist and/or audiologist in the state of Montana, an individual must:

- A. meet the academic and clinical coursework requirements as defined by board rules and regulations.
- B. pass a professional examination approved by the board.
- C. maintain required continuing education as prescribed by the board.
- D. all of the above.

____ 3. The purpose of a licensing board is:

- A. protect and support the profession of speech-language pathology.
- B. set and enforce standards and adopt and enforce rules governing the licensing, certification, registration, and conduct of the members of the particular profession or occupation within the board's jurisdiction.
- C. A and B.

Montana Board of Speech-Language Pathologists & Audiologists Jurisprudence Exam

- _____ 4. The board is able to do the following:
- A. seek an injunction to prevent an unlicensed person from practicing speech-language pathology or audiology until obtaining a license.
 - B. suspend, revoke, censure, or reprimand a licensee upon finding a violation of board statute or rule.
 - C. hold hearings, issue subpoenas, and authorize depositions in connection with an investigation, hearing, or other disciplinary proceeding.
 - D. All of the above.
- _____ 5. Which of the following is true?
- A. There is a 30-day grace period for renewal of all licenses.
 - B. A license not renewed within one year is subject to review by the board and completion of examination plus \$100 fee for each month the license has lapsed.
 - C. A professional with a suspended license is able to reactivate, but is not allowed to engage in licensed activity without a current license.
 - D. A professional with a revoked license due to disciplinary grounds may renew.
- _____ 6. Which of the following is true?
- A. A board member individually has the authority to act on a complaint.
 - B. Complaints are first considered by the board's screening panel.
 - C. When received, a complaint will be presented to the entire board first.
 - D. A complaint must first go to the Governor's Office before be referred to the board.
- _____ 7. Each licensed speech-language pathologist and audiologist shall annually, on or before October 31, register with the board on forms provided by the board all speech-language pathology aides or assistants and audiology aides or assistants working directly under the supervision of the licensee.
- A. True
 - B. False
- _____ 8. Each licensee must obtain 40 continuing education hours which must be accrued every other year. A dual licensee must have 50.
- A. True
 - B. False
- _____ 9. All audiologists or speech-language pathologists must have a license in the state of Montana issued by the board in order to practice the profession, unless a specific exemption applies.
- A. True
 - B. False
- _____ 10. A person from another state is not restricted from offering speech-language pathology or audiology services in Montana if the services are performed for not more than five days in any calendar year and if the services are performed in cooperation with a Montana licensed speech-language pathologist or audiologist.
- A. True
 - B. False

Montana Board of Speech-Language Pathologists & Audiologists Jurisprudence Exam

- ____ 11. A licensed speech-language and/or audiologist must be licensed for at least one year to supervise an aide or assistant.
A. True
B. False
- ____ 12. The board does not license speech-language pathology or audiology aides or assistants.
A. True
B. False
- ____ 13. Individuals must meet all licensing requirements for a license to be issued.
A. True
B. False
- ____ 14. Licensure fees are set by the board and appear in the board's rules.
A. True
B. False
- ____ 15. A misleading advertisement to the public may be grounds for disciplinary action.
A. True
B. False
- ____ 16. Aide or assistant registration forms which indicate supervision of more than three aides or assistants are subject to review by the board.
A. True
B. False
- ____ 17. Continuing education is due every odd numbered year.
A. True
B. False

Fill-in the correct citation(s) in the spaces provided.

18. Cite the administrative rule (number) and statute (number) for unprofessional conduct.

19. Cite the administrative rule (number) for supervisor responsibilities for speech-language and audiology aides or assistants.

20. Cite the administrative rule (number) for the continuing education requirements.

End of Exam