

**IDAHO SPEECH AND HEARING SERVICES LICENSURE BOARD
BUREAU OF OCCUPATIONAL LICENSES
700 West State Street, P.O. Box 83720
Boise, Idaho 83720-0063**

APPLICATION INSTRUCTIONS FOR PROVISIONAL PERMIT

The requirements noted below are for general information purposes only. Please review the applicable laws and rules for complete requirements. Please read all applications 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. Please complete the entire application by providing all of the requested information. Your signature must be notarized and the appropriate fees must be attached. The Board will consider only completed applications. NOTE: Upon termination of supervision, a new permit may be applied for in accordance with these rules, provided that the expiration date of the new permit is adjusted.

Application Checklist

Please use this checklist as a guide to completing your application. Please remember any supporting documentation must come to the address above from the issuing source.

- Applicable Fees.**
- Full Name, other names known by.**
- Mailing and Business Addresses. (If no business address, write same).**
- Proof of Age. (birth certificate, passport, military ID, or valid driver's license).**
- Contact number or email.**
- Official Transcripts.**
- Any other supporting documentation (See Questions 6 through 10).**
- Application Signed and Notarized.**
- Plan for Supervision Signed and Notarized.**
- Assigned Duties and Preparatory Training Addendum Completed.**

All requested information, application fee, and initial permit fee must be provided. Failure to provide a complete application will result a delay in processing. All returned checks are subject to a \$20.00 fee.

| | |
|------------------------|----------|
| APPLICATION FEE | \$30.00 |
| AND | |
| PROVISIONAL PERMIT FEE | \$100.00 |

Definitions

Definitions pertaining to practicing with a Provisional Permit in the state of Idaho may be found in Idaho Code 54-2919. Please review the laws and rule on the website: www.ibol.idaho.gov.

Supervisor Responsibilities

The supervisor shall be familiar with State Licensure Rule 450 for Hearing Aid Dealers and Fitters
Rule 460 for Speech-Language Pathologists
Rule 470 for Audiologists

Quarterly Reports

The maximum time allowed for any combination of new or renewed permits is 24 months for Audiologists and Hearing Aid Dealers and Fitters. The maximum time allowed for any combination of new or renewed permits is 48 months for Speech-Language Pathologists. Every permit holder must submit a quarterly report of his activities together with supplemental attachments as may be necessary, attested to and signed by the permit holder and the supervisor of record. Quarterly reports are due on or before April 10th, July 10th, October 10th and January 10th for the three (3) months preceding the month due. If the permit has not been in effect for the entire quarter, the report is due for that portion of the quarter in which the permit was in effect. If quarterly reports are not received by the specified due date, the permit will be revoked.

Exemptions

A permit holder who possesses the Certificate of Clinical Competence in Audiology from American Speech-Language-Hearing Association (ASHA) or who is board Certified by National Board for Certification in Hearing Instrument Sciences (NBC-HIS) shall be exempt from the daily contact requirement, and from the requirement to work in the same facility as the supervisor, and from the plan and progress report requirement from the date of issuance of the permit until the date of the next offered licensing examination. Failure of the licensing examination or failure to take the next offered licensing examination requires Board approval to continue this exemption. (See Rule 450.05)

**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 (select one).
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 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 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 AND HEARING 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.