

MONTANA BOARD OF SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS
PO BOX 200513
301 S PARK, 4TH FLOOR
Helena, MT 59620-0513
Licensing Phone: 406-444-6880
Email: dlibsdhel@mt.gov Website: www.slpaud.mt.gov

SPEECH-LANGUAGE PATHOLOGIST LIMITED LICENSE APPLICATION

I am applying for a :

limited speech-language pathologist license – \$25

1. FULL NAME: _____
First Middle Last

2. OTHER NAME(S) KNOWN BY: _____

3. MAILING ADDRESS: _____

4. EMAIL ADDRESS: _____

5. TELEPHONE: _____
Business Home Cell

6. SOCIAL SECURITY NUMBER: _____ FOREIGN ID NUMBER: _____

7. DATE OF BIRTH: _____ 8. GENDER: FEMALE MALE

9. Date PRAXIS Exam Taken: _____

10. Academic degrees received, including certificates equivalent to degrees. List the most recent degree first.

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

11. Supervised clinical practicum experience(s) and the date(s) of completion. This supervised clinical practicum experience must have occurred prior to graduation.

Clinical Practicum Experience Program	City and State/Province/Territory	Dates Attended	Practicum Completed
			Yes No
			Yes No
			Yes No

12. List all professional licenses or certifications you hold or have **ever** held. Verification must be sent directly to Montana from each state or jurisdiction.

State	Other Jurisdiction	License Type	License Number	Requested State Verification	
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No

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 Veterinary Medicine. 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 will abide by the current licensure statutes and rules of the State of Montana governing the profession. I will abide by the current laws and rules that govern my practice.

 Legal Signature of Applicant

 Date

SUPERVISED PROFESSIONAL EXPERIENCE

Instructions

This section is to be completed and signed by both the applicant for the limited license and the professional experience supervisor who will be supervising the applicant during supervised professional experience. If the applicant will have more than one supervisor then this form must be completed for each supervisor.

Section 1 – Applicant Information

- 1. Applicant Full Name: _____

FirstMiddleLast

- 2. Applicant Mailing Address: _____

- 3. Applicant Email Address: _____

Section 2 – Professional Experience Supervisor

- 4. Supervisor Full Name: _____

FirstMiddleLast

- 5. Supervisor Montana License Number: _____

Section 3 – Declaration

I, the limited licensee applicant understand the requirements of a supervised professional experience per ARM 24.222.509.

Legal Signature of Applicant _____
Date

I, the professional experience supervisor understand the requirements of a supervised professional experience per ARM 24.222.509 and the definition of "professional experience supervisor" at ARM 24.222.301(3).

Legal Signature of Supervisor _____
Date

**PERSONAL HISTORY QUESTIONS
IMPORTANT INSTRUCTIONS AND NOTICE**

1. Please read the following questions carefully. Giving an incomplete or false answer is unprofessional conduct and may result in denial of your application or revocation of your license. See, 37-1-105, MCA.
2. You have a continuing duty to update the information you provide in your application and supplemental responses, including while your application is pending and after you are granted a license.
3. Upon submittal of your application form, for every "yes" answer provided, you will receive a request for specific information or documents associated with the question. Your application is not complete until staff receive all information requested.

PERSONAL HISTORY QUESTIONS

- | | | |
|---|-----|----|
| 1. Have you ever had any license, certificate, registration, or other privilege to serve as a volunteer or practice a profession denied, revoked, suspended, or restricted by a public or private local, state, federal, tribal, religious, or foreign authority? | Yes | No |
| 2. Have you ever surrendered a credential like those listed in number 1, in connection with or to avoid action by a public or private local, state, federal, tribal, religious, or foreign authority? | Yes | No |
| 3. Have you ever resigned to avoid discipline, been suspended, or been terminated from a volunteer or employment position? | Yes | No |
| 4. Have you ever been required to participate in a behavioral modification or assistance program in lieu of suspension or termination from a volunteer or employment position? | Yes | No |
| 5. Have you ever withdrawn an application for any professional license? | Yes | No |
| 6. As of the date of this application, are you aware of any pending complaint, investigation, or disciplinary action related to any professional license you hold? | Yes | No |
| 7. Are you under a current order that remains unsatisfied (e.g., fines unpaid, probation not concluded, conditions unmet?) | Yes | No |
| 8. Do you have any medical, physiological, mental, or psychological condition which in any way currently (within the last 6 months) impairs or limits your ability to practice your profession or occupation with reasonable skill and safety? | Yes | No |
| 9. Do you currently (within the last 6 months) use one or more chemical substances in any way which impairs or limits your ability to practice your profession or occupation with reasonable skill and safety? | Yes | No |

The following information is provided for Question 10 below:

A criminal conviction may not automatically bar you from receiving a license. For more information about how a criminal conviction may impact your application, consult the board or program website.

- | | | |
|---|-----|----|
| 10. Have you ever been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or sentence deferred or suspended as an adult or "juvenile convicted as an adult" in any state, federal, tribal, or foreign jurisdiction? | Yes | No |
|---|-----|----|

- | | | |
|--|-----|----|
| 11. Are you now subject to criminal prosecution or pending criminal charges? | Yes | No |
| 12. Have you ever been disciplined, censured, expelled, denied membership or asked to resign from a professional society or organization? | Yes | No |
| 13. Have you ever had a civil judgment entered against you in a lawsuit for incompetence, negligence, or malpractice in practicing any profession? | Yes | No |
| 14. Have you ever been disqualified from working with children, elderly persons, mentally ill persons, or other vulnerable persons? | Yes | No |
| 15. Have you ever been placed on probation, restricted, reprimanded, suspended, revoked, resigned in lieu of action against you, or had other action taken against you by any hospital, clinic, health care facility, group medical practice, health maintenance organization, or third-party insurance provider, including Medicare and Medicaid? | Yes | No |
| 16. Are you currently on an exclusion list by the Office of Inspector General (OIG) for the U.S. Department of Health and Human Services prohibiting you from working in a facility receiving federal funding? | Yes | No |
| 17. Has your authority to prescribe, dispense, or administer drugs, including controlled substances, ever been denied, restricted, suspended, or revoked? | Yes | No |
| 18. Have you ever voluntarily surrendered or had your U.S. Drug Enforcement Administration registration placed on probation, restricted, suspended, or revoked? | Yes | No |

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**SPEECH-LANGUAGE PATHOLOGIST AND AUDIOLOGIST
JURISPRUDENCE EXAM**

Instructions

All applicants for licensure must complete a jurisprudence exam covering the statutes and rules governing the practice of speech-language pathology and audiology in Montana.

In order to meet this application requirement, you must read the sections of statutes and rules that pertain to the practice of speech language pathology and audiology and attest that you have reviewed all those statutes and rules.

You can submit this completed form by uploading it directly to your [online application/account](#) or by e-mailing it to dlibsdhhelp@mt.gov.

***Submitting this signed form with your application constitutes a passing score and meets the board licensing requirement for jurisprudence exam.**

Section 1 – Applicant Information

1. Full Name: _____

First
Middle
Last
2. Mailing Address: _____
3. Email Address: _____

Section 2 – Review Board Statutes and Rules

You are required to read the below sections of Montana Code Annotated (statutes) and the Administrative Rules of Montana (ARM) in order to complete the jurisprudence exam requirement for licensure.

- [MCA Title 2, Chapter 15, Part 17](#)- Board of Speech-Language Pathologists and Audiologists
- [MCA Title 37, Chapter 15](#) - Speech-Language Pathologists and Audiologists
- [MCA Title 37, Chapter 1](#) - Professions and Occupations General Provisions
- [ARM Title 24, Chapter 222](#) - Board of Speech-Language Pathologists and Audiologists
- [ARM Title 24, Chapter 101](#) - Business Standards Division

Section 3 – Declaration

I, the applicant, have reviewed the statutes and rules listed above. In signing this form, I am aware that a false statement or evasive answer to any question may lead to a complaint being filed against my license on ethical grounds.

Legal Signature of Applicant

Date