

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: dlibsdlhelp@mt.gov Website: www.slpaud.mt.gov****AUDIOLOGIST LICENSE APPLICATION**

I am applying for licensure:

by examination (i.e. not currently licensed in another state or jurisdiction) – \$192**or**as an out-of-state applicant (i.e. currently licensed in another state or jurisdiction) – \$1921. 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: _____ 7. FOREIGN ID NUMBER: _____

8. DATE OF BIRTH: _____ 9. GENDER: FEMALE MALE

10. Date PRAXIS Exam Taken: _____

11. 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

12. Speech-language pathology 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

13. List speech language pathology supervised professional experience(s) and the date(s) of completion. This supervised professional experience occurs after graduation from a master's program.

Supervised Professional Experience	City and State/Province/Territory	Beginning and End Date of Experience	Supervised Professional Experience Completed	
			Yes	No
			Yes	No

14. Do you hold a current certificate of clinical competence from the American of Speech-Language Hearing Associate (ASHA)?

Yes No

15. 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

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

**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 |

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" and "Rules Notices". You may also contact the board office at dlibsdspl@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 80% is required for a speech-language pathologist and/or audiologist license in the state of Montana. Each question is worth five points. If you fail the exam you may retake it. There is no fee to retake the exam.

- _____ 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.

- ____ 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

- ____ 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