

MONTANA BOARD OF SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS

PO BOX 200513

301 S PARK, 4TH FLOOR

Helena, MT 59620-0512

Licensing Phone: 406-444-5711

Email: UnitB@mt.gov Website: www.slpaud.mt.gov**SPEECH-LANGUAGE PATHOLOGIST LIMITED LICENSE APPLICATION****APPLY FOR LICENSURE*****The following must accompany an application for limited licensure:***

- \$50 application fee;
- certified transcript sent directly to the board office from the school verifying graduation with a minimum of a master's degree in speech-language pathology or communication disorders;
- supervised professional experience plan (see form included with this application); and
- license verification from states in which the applicant holds or has ever held a professional license of any type. License verifications must be requested by the applicant and sent directly to the board office from each state or jurisdiction.

The applicant must pass following examinations:

- national PRAXIS exam. Proof of passage must be reported directly to the board office from the testing agency; and
- open book Montana Board of Speech-Language Pathology and Audiology jurisprudence examination included with this application (passing score is 95% or higher).

APPLICATION PROCEDURES

- Illegible and incomplete applications will be returned.
- When the application file is complete, it will be processed. The applicant will be notified if additional information is required or if the application will go to a board meeting as non-routine. Non-routine applications must be submitted and complete 15 days prior to a board meeting.
- All verifications of licensure must be sent directly from each state board in which the applicant is currently or has ever been licensed.
- Keep the board office informed 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.
- Once a routine application is complete, the application takes up to two weeks to process.
- The applicant will be notified of any deficient or missing items from the application file.

For information regarding the processing of this application or other concerns please contact board licensing staff at 406-444-5711 or email UnitB@mt.gov.

Be aware of Montana laws and rules for the practice of speech-language pathology which can be found at www.slpaud.mt.gov.

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SPEECH-LANGUAGE PATHOLOGIST LIMITED LICENSE APPLICATION

I am applying for a :

limited speech-language pathologist license – \$50

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

Disciplinary Questions

Please read carefully and answer questions completely and truthfully. It may affect your licensure.

1. 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

2. 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

3. 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

4. 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

5. 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

6. 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

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

8. 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

9. 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 Yes No

- attach a detailed explanation and provide supporting documentation from the source.
10. Have you ever been censured, expelled, denied membership or asked to resign from a professional organization related to your profession or occupation? If yes, please attach a detailed explanation and provide documentation from the source. Yes No
11. 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
12. 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
13. 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
14. 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
15. 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
16. Have you ever been court-martialled 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

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 PLAN

Instructions

This section is to be completed and signed by both the applicant for the limited license and the licensed speech-language pathologist 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: _____
First Middle Last
2. Applicant Mailing Address: _____
3. Applicant Email Address: _____

Section 2 – Supervised Professional Experience Proposed Dates

4. Proposed Beginning Date: _____
 *NOTE: Applicant may not begin practice prior to a license being issued.

Section 3 – Supervised Professional Experience Supervisor

5. Supervisor Full Name: _____
First Middle Last
6. Supervisor Montana License Number: _____

Section 4 – Supervisor and Applicant Responsibilities

	Responsibilities	Estimated Applicant Hours per Month	Estimated Evaluation Time by Supervisor per Month
1.	Assessment, diagnosis/evaluation		
2.	Screening		
3.	Habilitation/Rehabilitation		
4.	Staff meetings		
5.	In-Service training		
6.	Recordkeeping		
7.	Other (specify)		

Section 5 – Declaration

I, the limited licensee applicant have discussed the above plan with my supervisor and agree to its implementation.

 Legal Signature of Applicant

 Date

I, the supervised clinical experience supervisor have discussed the above plan the applicant and accept responsibility for its implementation

 Legal Signature of Supervisor

 Date

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" 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.

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