

Application for Licensure

By the Board of Speech-Language Pathologists and Audiologists

Last updated: 4/8/2025

To complete your application, include:

- This form
- Fee (no cash, see amount below)
- Additional forms (see below)

Also, complete (if needed):

- Transcript requests from institutions
- License verification requests from jurisdictions
- Exam score requests from testing agencies
- Any additional requests from licensing staff

ADDITIONAL FORMS (Find on slpaud.mt.gov by selecting "Forms" in the left-hand menu.)

- Supervision Attestation** (assistants and limited licensees)
- Supervised Professional Experience Summary** (for full licensure using limited licensure hours)

All materials should be sent to dlibsdsip@mt.gov (use transfer.mt.gov for large or sensitive files) or:

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

APPLICATION

License type applying for:

- Audiologist **\$150**
- Audiology Assistant **\$50**
- Speech-Language Pathologist-Audiologist (dual) **\$150**
- Limited Speech-Language Pathologist **\$25**
- Speech-Language Pathologist **\$150**
- Speech-Language Pathology Assistant **\$50**

Name (first, middle, last):_____

All other names, past or current (e.g. maiden name):_____

Social security number:_____ Foreign ID number:_____

Date of birth:_____ Gender:_____

Mailing address number:_____

City, state, ZIP:_____

Email address:_____

Mobile phone:_____

Home phone:_____ Work phone:_____

EDUCATION & TRAINING

List all relevant education and training (apart from limited licensee supervised professional experience hours). Attach additional sheets if necessary. (Transcripts must come directly from the school.)

Institution or provider: (university, school, etc.)	
City:	State: (province, territory, etc.)
Dates attended:	Credential earned: (type of degree, certificate, etc.)
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Dates attended:	Credential earned: (type of degree, certificate, etc.)

LICENSE VERIFICATION

List all professional licenses, certifications, etc. you have ever held, including from other professions and any that are expired. Attach additional sheets if necessary. (Verifications must come directly from the jurisdiction.)

Jurisdiction: (state, province, etc.)	License number:
License type: (profession, level, etc.)	
Have you requested verification of this license from the issuing jurisdiction?	
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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 the previous question 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
10. Have you ever been convicted or 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? (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.) 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, or revoked or 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 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
19. Prior to January 1, 2024, did you serve as an unlicensed aide or assistant in Montana for at least 690 hours under the supervision of a speech-language pathologist? Yes No
20. Prior to January 1, 2024, did you serve as an unlicensed aide or assistant in Montana for at least 110 hours under the supervision of an audiologist? Yes No

DECLARATION

I the undersigned authorize the release of any 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 Physical Therapy Examiners. I declare under penalty of perjury that the information included in my application is true and complete to the best of my knowledge. I am aware that any false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of my license on ethical grounds. I understand that I must update licensing staff if any of this information changes, including while my application is pending and after I have received my license. I have read and will abide by the State of Montana's current statutes (located at archive.legmt.gov/bills/mca) and rules (located at rules.mt.gov) governing licensure in this profession and will abide by the laws and rules governing my practice.

Signature: _____

Printed name: _____ Date: _____