

# IDAHO

## Infant Toddler Program Section II A-4 Rigorous Definition of DD



| April 2026 |

Section II A-4

**Eligibility (Rigorous Definition of Developmental Delay)** [34 CFR §303.111](#)

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**Assurances**

Idaho Code, Title 16, Chapter 1 assures that there are procedures in place defining developmental delay and established conditions for children and their families eligible under this Part.

**Procedures**

For the purpose of implementing P.L. 102-119, Amendments to the Individuals with Disabilities Education Act (IDEA), the provisions for eligibility in Idaho includes a two-tiered model: 1) child find, which includes screening, ~~tracking, monitoring,~~ and referral services for children who are suspected to be at risk or delayed; and 2) early intervention, which includes developmental and therapeutic services for children who are subsequently identified as developmentally delayed or have an established condition [which has a high probability of resulting in developmental delay](#). No Part C funds will be used for intervention services for infants and toddlers at risk for developmental delay because of medical/biological or environmental factors.<sup>1</sup>

- A. **Child Find** is a screening, ~~tracking, monitoring,~~ and referral process of identifying individual children who are thought to be at risk of manifesting developmental difficulties. Child find activities, including screening, ~~tracking, monitoring~~ and referral, are available to this group. [Tracking Screening](#) is implemented within the confines of confidentiality and parental informed consent. [See section B8 in Comprehensive Child Find System \(34 CFR §303.115\)](#)

Child find services include the following procedures and conditions:

1. are consistent with the State's child identification, location and evaluation procedures required under Part B of the Act;
2. are coordinated with all other major child find efforts conducted by various public and private agencies throughout the State;
3. include procedures for making referrals to the central registry database and to service providers;
4. actions are delivered in reasonable timelines; and
5. include procedure for participation by, and education of, primary referral sources including hospitals and post natal care facilities, physicians, parents, other health care providers, public health facilities and childcare programs.

- B. **Early Intervention (34 CFR §303.13)** is a comprehensive program of educational and therapeutic services for the eligible child and family which facilitates the developmental progress of children age birth to three whose developmental patterns are atypical or are at serious risk of becoming atypical through certain physical or mental conditions.

<sup>1</sup> This does not prevent eligibility based on informed clinical opinion for those infants and toddlers having a combination of risk factors that taken together make developmental delay highly probable.

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Early intervention services are developmental in nature and satisfy the following conditions:

- a. provided under public supervision;
- b. provided at no cost, except when federal and state law allow;
- c. designed to meet the developmental needs of children across the five functional areas, as needed;
- d. meets state and federal standards;
- e. include, but [are](#) not limited to family training and counseling, special instruction, speech-language pathology, audiology, occupational therapy, physical therapy, service coordination, medical evaluation and diagnosis, early intervention screening and assessment, health services, social work services, vision services, assistive technology services and transportation.
- f. provided by qualified personnel;
- g. to the maximum extent appropriate, are provided in natural environments, including the home, and community settings in which children without disabilities participate; and
- h. delivered in conformity with the IFSP;

**Eligibility Determination** ([34 CFR §303.321](#))

The multidisciplinary team, which considers the multidisciplinary evaluation of the child and subsequent recommendations, family information, parent recommendations, observational information and informed clinical opinion, determines if the child meets the criteria for developmental delay or established condition.<sup>2</sup>

The evaluation of the child must be based on informed clinical opinion and include:

1. a review of pertinent records related to the child's current health status and medical history;
2. an evaluation of the level of functioning, as needed, in cognitive development, physical development including vision and hearing, communication development, social or emotional development and adaptive development;
3. an assessment of the child's unique needs in terms of developmental areas and identification of services appropriate to meet those needs; and
4. a summary of the family's information regarding the child.

If the multidisciplinary team cannot reach consensus regarding whether the child meets eligibility criteria, evaluation data and recommendations will be reviewed by the regional supervisor and/or early intervention specialist (EIS) to advise in eligibility determinations. The supervisor or EIS in coordination with the Program Manager will assist the MDT to make the final eligibility determination.

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<sup>2</sup>"Informed clinical opinion" makes use of qualitative and quantitative information to assist in forming a determination of eligibility regarding difficult-to-measure aspects of current developmental status and the potential need for early intervention. Appropriate training, previous experience conducting evaluation, sensitivity to cultural needs, and the ability to elicit and include family perceptions are all important elements of informed clinical opinion. In using informed clinical opinion, the individual evaluator and the multi-disciplinary team seek to answer the question "What are the child's abilities and needs within his/her natural environment?"

~~Note: All children determined non-eligible for early intervention are offered enrollment in the developmental monitoring program.~~

### **Eligibility Categories**

Categorical definitions (developmental delay and established condition) are included for purposes of reporting eligibility for funding and transition. Functional definitions which describe a child's developmental level are to be used for delivering intervention services.

1. **Developmental Delay** (~~34 CFR §303.21(a)(1) and §303.111~~)

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a. **Definition:** These are children with or without an established diagnosis who by assessment measurements have fallen significantly behind developmental norms in one or more of the five functional areas.

b. **Criteria** - The degree of functional delay required for service eligibility is defined as follows:

~~Diagnosed As determined by the a multidisciplinary team, the child who performs 30% below age norm or exhibits a six month delay whichever is less, adjusted for prematurity up to twenty four (24) months;~~ demonstrates at least two (2) standard deviations below the mean in one (1) functional area; or at least one and one-half (1.5) standard deviation below the mean in two (2) or more of the following functional areas:

- (1) Cognitive development - reasoning skills or ability to problem solve.
- (2) Physical development (including vision and hearing) - gross motor skills used for postural control and movement and fine motor skills requiring precise coordinated use of the small muscles. Also includes sensory processing as well as tactile, vestibular and kinesthetic input (i.e., sensory integration, sensory processing disorders).
- (3) Communication - speech and language development - including expressive and receptive skills and non-verbal communication.
- (4) Social/Emotional development - attachment, interpersonal relationships, and interactions.
- (5) Adaptive development - daily living skills relating to feeding, dressing, hygiene, grooming.

The verification of measurable<sup>3</sup> delay is obtained through an evaluation process which uses at least three of the following:

<sup>3</sup> Measurable delay is the difference between the child's chronological age and current level of functioning. Chronological age is the birth date of children born near term or full term. For those children born less than 37 weeks gestation, a corrected age is used to consider this prematurity in evaluating developmental achievement. This corrected age is not used after chronological age of 24 months has been reached. The ideal gestational age is

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1. informed clinical opinion to include observational assessment;
2. standardized development test(s);
3. developmental inventory;
4. behavioral checklist;
5. adaptive behavior measure;
6. parent interview.

2. **Established Condition** (34 CFR §303.21(a)(2))

- a. **Definition:** These are the children with a diagnosed physical or mental condition which has a high probability of resulting in developmental delay.
- b. **Criteria:** Diagnosed physical or mental conditions may include the following:

1) Confirmed sensory impairments

- a) Deaf-blind - Concomitant hearing and vision loss, the combination of which causes severe communication and other developmental ~~and education delays/problems.~~
- b) Deaf/Hard of hearing - a child with a diagnosed hearing loss, whether permanent or fluctuating, that impairs the access, comprehension, and/or use of linguistic information through hearing, with or without amplification, and that adversely affects a child's development. ~~Hearing impaired—Auditory impairments which include:~~
  - ~~—c)~~
  - ~~i. — Hard of hearing—those children whose hearing is not included under the definition of deaf.~~
  - ~~ii. — Deaf—those children whose hearing loss is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification, which adversely affects communication and development.~~
  - ~~iii. — Hearing loss in any of the degrees listed below (in one or both ears at one or more of the following frequencies—500 Hz, 1000 Hz and 4000 Hz):~~
    - ~~Mild hearing loss—20-40 dB HL;~~
    - ~~Moderate hearing loss—41-55 dB HL;~~
    - ~~Moderately severe hearing loss—56-70 dB HL;~~
    - ~~Severe hearing loss—71-90 dB HL;~~
    - ~~Profound hearing loss—91 or greater dB HL; or~~
  - ~~iv. — Hearing loss (deaf or hard of hearing) that meets legal definition of such an impairment in the State of residence; or~~
  - ~~v. — Chronic Otitis Media, chronic allergies, and/or eardrum perforations which result in temporary or fluctuating hearing~~

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40 weeks. To determine a child's corrected age, use the following steps: Subtract the actual number of weeks gestation from 40. Then subtract the difference from the child's chronological age. This calculation will provide the child's adjusted age.

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~~loss and may impair listening skills, language development, or articulation.~~

~~e) Visually impaired - Visual impairments which, even with correction, adversely affect a child's functioning. The term includes both partially sighted and blind. "Partially sighted" refers to the ability to use vision as one channel of learning if learning materials are adapted. "Blind" refers to the prohibition of vision as a channel of learning, regardless of adaptation of materials.~~

~~Central acuity does not exceed 20/200 in the better eye with corrective lenses, or visual acuity is greater than 20/200, but is accompanied by a limitation in the field of vision:~~

- ~~There is documentation of a visual impairment, and the child demonstrates the characteristics of blindness, low vision or visual impairment. A child with blindness has:~~
  - ~~Visual acuity in the better eye with best possible correction of 20/200 or less at distance or near; or~~
  - ~~Visual field restriction in the better eye of the remaining visual field of 20 degrees or less.~~

~~OR~~

- ~~A child with a visual impairment demonstrates the following:~~
  - ~~Visual acuity better than 20/200 but worse than 20/70 at distance and/or near; or~~
  - ~~Visual field restriction in the better eye of the remaining visual field of 70 degrees or less but better than 20 degrees.~~

~~OR~~

- ~~The child has any of these conditions:~~
  - ~~Oculomotor apraxia~~
  - ~~Cortical visual impairment~~
  - ~~Convergence insufficiency~~
  - ~~A progressive loss of vision which may in the future, have an adverse effect on development.~~
- ~~Other:~~
  - ~~The child has a functional vision loss where field and acuity deficits alone may not meet the aforementioned criteria.~~

## 2. Physical impairment (orthopedic)

Physical impairment means having a condition that involves muscles, bones or joints and is characterized by impaired ability to perform fine and gross motor activities or self-help skills. Diagnoses include but are not limited to:

- spinabifida - meningocele
- spinal cord injuries
- arthritis
- severe burns

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- muscular dystrophy
- loss of or deformed limbs
- transient dystonia (abnormal muscle tone including hyper and hypotonia)

### 3. Neurological - physiological impairments (developmental disabilities)

\*A severe chronic disability that manifests itself at an early age, is likely to continue indefinitely, and results in substantial limitations in one or more of the five functional areas addressed in developmental delay.

- autism
- pervasive developmental disorder
- communication impairment - speech or language disorder in primary language
- epilepsy or other seizure disorders including neonatal seizures
- mental retardation
- cerebral palsy
- Down Syndrome
- other syndromes and chromosomal disorders
- other disorders of unknown etiology
- intracranial hemorrhage (level 3 or 4 bleed) or infarct

\* Adapted from Federal and State Developmental Disability criteria.

### 4. Interactive disorders

Serious communication or psycho/social impairments that interfere with the infant or toddler's daily functioning and relationships. Categories under this condition include but are not limited to:

- severe, diagnosed attention deficit disorders
- disorders of attachment and
- those categories listed in Part B of I.D.E.A. or Head Start Standards under seriously emotionally disturbed or behavior disorder that are applicable to this age group.

### 5. Other health impairments

Health impairment is a limitation in strength, vitality, and alertness due to chronic health problem.

Diagnoses include but are not limited to

- hydrocephaly - microcephaly - [eanencephaly](#)
- endocrine and metabolic disorders (examples: hypothyroidism, cystic fibrosis, diabetes)
- cleft lip/palate
- feeding abnormalities/difficulties
- heart conditions

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- syndromes related to mother's substance ingestion or abuse (examples: HIV +, fetal alcohol syndrome)
- illness of a chronic nature with prolonged convalescence (examples: malignancies, severe asthma, failure to thrive, leukemia, lead poisoning, recurring respiratory ~~syncytial~~ syncytial virus- (RSV).

The program does not classify a short-term medical problem as a health impairment.

#### 6. Medically Fragile Infant

- gestational age  $\leq$  32 weeks
- birth weight below 1500 grams (VLBW)
- Intrauterine growth retardation (IUGR), as diagnosed by physician,  $\leq$  10<sup>th</sup> percentile
- small for gestational age (SGA) as diagnosed by physician,  $\leq$  10<sup>th</sup> percentile
- respiratory distress syndrome
- central nervous system (CNS) instability as demonstrated by significant disorganized states of arousal and confirmed by a medical/therapeutic professional
- APGAR score below 6 at 5 minutes post birth

#### 7. Prematurity (< 36 weeks gestational age) plus significant environmental risk, such as one or more of the following:

- ~~Parent infant attachment risk factors (e.g. decreased responsiveness or reciprocity of infant, parental depression/withdrawal, etc.)~~
- ~~Parent with significant chronic, physical, or mental health problem or with a developmental disability where supportive or therapeutic services could facilitate parenting.~~
- ~~Abused and/or neglected child.~~
- ~~Multi-problem or severely stressful life situation (e.g. parent perception of severe financial problems, drug/alcohol problems in family, incarceration, inadequate support systems to deal with current life challenges, homeless, poor resources, limited parent education, etc.)~~
- ~~No prenatal care.~~
- ~~Maternal age 15 years and under.~~
- ~~Foster placement of child~~

~~Note: The above risk factors, either singly or in combination, may also be sufficient to warrant eligibility for children born full term. See Informed Clinical Opinion footnote, #2.~~

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# IDAHO

## Infant Toddler Program Personnel Standards



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## B-1 PERSONNEL STANDARDS (§ 303.119)

(a) General. Each system must include policies and procedures relating to the establishment and maintenance of qualification standards to ensure that personnel necessary to carry out the purposes of this part are appropriately and adequately prepared and trained.

(b) Qualification standards. The policies and procedures required in paragraph (a) of this section must provide for the establishment and maintenance of qualification standards that are consistent with any State-approved or State-recognized certification, licensing, registration, or other comparable requirements that apply to the profession, discipline, or area in which personnel are providing early intervention services.

(c) Use of paraprofessionals and assistants. Nothing in part C of the Act may be construed to prohibit the use of paraprofessionals and assistants who are appropriately trained and supervised in accordance with State law, regulation, or written policy to assist in the provision of early intervention services under part C of the Act to infants and toddlers with disabilities.

(d) Policy to address shortage of personnel. A State may adopt a policy that includes making ongoing good-faith efforts to recruit and hire appropriately and adequately trained personnel to provide early intervention services to infants and toddlers with disabilities, including, in a geographic area of the State where there is a shortage of such personnel, the most qualified individuals available who are making satisfactory progress toward completing applicable course work necessary to meet the standards described in paragraphs (a) and (b) of this section.

### **Assurances**

Idaho Code, Title 16, Chapter 1, assures that entry-level requirements for professionals and paraprofessionals providing early intervention services meet Idaho's highest established certification or licensing standards for their individual disciplines. Idaho maintains standards to ensure that personnel necessary for implementation are appropriately and adequately trained. These standards are consistent with state-approved or state-recognized certification, licensure, or other comparable requirements that apply to any profession or discipline in which personnel are providing early intervention services.

### **Procedures**

#### A. Definitions

1. Appropriate professional requirements in the state means entry-level requirements that:
  - a. Are based on the highest requirements in the state applicable to the profession or discipline in which a person provides early intervention services.
  - b. Establish suitable qualifications for personnel providing early intervention services to eligible infants and toddlers and families served by state, local, and private agencies.
2. Highest requirements in the state applicable to a specific profession or discipline means highest entry-level academic degree or other preparation needed for state-approved or state-recognized certification, licensing, registration, or other requirements that apply to profession/discipline.
3. Profession or Discipline means a specific occupational category that:
  - a. Provides early intervention services to eligible infants and toddlers and families.

- b. Has been established or designated by the state.
  - c. Has a required scope of responsibility and established degree of supervision.
4. State-approved or state-recognized endorsement, certification, licensing, registration or other comparable requirement means the requirement that a state legislature has enacted or authorized a state agency to promulgate through rules to establish entry-level standards for employment in a specific profession or discipline in the state.

B. Currently, all new personnel hired to work in the Idaho Infant Toddler (Part C) Program, contracted by the lead agency, or providing services according to the provisions of an interagency agreement are required to meet the highest professional standards.

In any geographic area of the state where there is a demonstrated shortage of fully qualified, adequately trained personnel, the lead agency may hire, contract, or approve the use of the most qualified individuals available who are making satisfactory progress toward completing applicable coursework and training necessary to meet the standards described above in 1, 2, 3, and 4.

The following minimum procedures will be used when necessary to hire a less than fully qualified individual:

1. A good faith effort will be made by the supervisor or the Program Manager to recruit personnel who meet the highest standard by:
    - a. Requesting a register of qualified candidates from the Idaho State Division of Human Resources.
    - b. Requesting an announcement for employment through the required state process of the Division of Human Resources (if the register is insufficient to identify fully qualified candidates), which includes statewide dissemination of the position announcement.
    - c. Screening and interviewing all potentially qualified applicants.
    - d. Hiring the most qualified individuals under a signed conditional hiring agreement which outlines a plan, with timelines, for the candidate to achieve applicable coursework and other required training or experience within three years of the date of hire.
    - e. Supervising closely the job performance of the employee by a fully qualified individual.
    - f. Monitoring progress toward achievement of the goals contained in the conditional hiring agreement at least annually and documenting progress in the employee record.
    - g. Terminating the employment of the individual if the progress toward completion is deemed unsatisfactory according to the provisions of the conditional hiring agreement.
    - h. Notifying the Infant Toddler Policy Program Manager (Part C Coordinator) when any employee is hired using this procedure for conditional hiring.
- C. The standards for each early intervention discipline or profession used by the lead agency to implement Part C are consistent with the highest requirements in Idaho for that profession or discipline, except in the instance of a demonstrated personnel shortage according to the procedures in B, above. The lead agency's regional Infant Toddler Program maintains files of information on Part C personnel and personnel standards.
- D. In identifying the "highest standards in the state," the requirements of all state statutes and rules of all state agencies applicable to services for children and families are considered.

Personnel standards are appropriate professional requirements applicable to a specific occupational category. The standards are enacted by the state legislature or by their authorization of a state agency to promulgate rules to establish entry-level standards for employment in a specific profession or discipline in the state. Personnel standards are required

for the Idaho Infant Toddler Program to ensure that all professionals and paraprofessionals are appropriately and adequately trained to provide quality early intervention services.

Idaho Code, Title 16, Chapter 1, ensures requirements for professionals and paraprofessionals providing early intervention services meet Idaho's established certification or licensing standards for their individual disciplines. Idaho maintains standards to ensure that personnel necessary for implementation of early intervention services are appropriately and adequately trained. These standards are consistent with state-approved or state-recognized certification, licensure, or other comparable requirements that apply to professions or disciplines in which personnel are providing early intervention services.

## Audiologist

Idaho Statutes, Title 54, Chapter 29, (54-2912)

A licensed audiologist must have the following qualifications:

- Possess a master's or doctoral degree with emphasis in Audiology, or not less than 75 semester credit hours of post-baccalaureate study that culminates in a doctoral or other recognized degree from a nationally-accredited school for Audiology with a curriculum acceptable to the Board.
- Pass an examination in Audiology approved by the Speech and Hearing Services Licensure Board [Certificate of Clinical Competence in Audiology (CCC-A)].
- Meet the current supervised academic clinical practicum, and supervised postgraduate professional experience approved by the Board.
- Never have had a license for Audiology revoked.

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## Developmental Specialist

~~IDAPA-16.03.10.657.08~~

A developmental specialist must have the following qualifications:

Possess an Elementary Education Certificate or Special Education Certificate with an Endorsement in Early Childhood Special Education (ECSE) or a Blended Early Childhood/Early Childhood Special Education (EC/ECSE) Certificate.

-OR-

Possess a bachelor's or master's degree in special education, elementary education, speech/language pathology, early childhood education, physical therapy, occupational therapy, psychology, social work, counseling, child development, human development, or human development and family studies (must include the human development component), or nursing plus a minimum of 24-15 semester credits in EC/ECSE from an accredited college or university.

For individuals to be fully qualified, they must have Ccourses on their taken-must-appear-on college or university transcripts that and-must cover the following standards in their content:

- Promotion of development and learning for children from birth to 3 years.
- Assessment and observation methods for developmentally appropriate assessment of young children.
- Building family and community relationships to support early interventions.
- Development of appropriate curriculum for young children, including Individualized

- Family Service Plan and Individualized Education Plan (IEP) development.
- Implementation of instructional and developmentally effective approaches for early learning, including strategies for children who are medically fragile and their families.
- Demonstration of knowledge of policies and procedures in special education and early intervention and demonstration of knowledge of exceptionalities in children's development.

When the Department, in its role as lead agency for implementation of Part C of the Individuals with Disabilities Education Act (IDEA), has determined that there is a shortage of fully qualified personnel to meet service needs in a specific geographic area, the Department may approve the most qualified individuals who are demonstrating satisfactory progress toward completion of required ~~—applicable~~ coursework and/or Infant Toddler Program training, in accordance with the individual's approved plan, to meet the required standard within three years of being hired. Satisfactory progress will be reviewed annually by ~~determined on an annual~~ —review by the Department.

## Family Therapist

The following subsections describe the qualifications necessary for marriage and family therapist and professional counselor.

### Marriage and Family Therapist

~~IDAPA 24.15.01.238-01-03 and~~ Idaho Statutes, Title 54, Chapter 34 (54-3405C)

A licensed marriage and family therapist must have the following qualifications:

- Possess a graduate degree as outlined in Section 54-3405C(1), Idaho Code.
- Successfully complete a written examination as approved by the Board and defined by rule.
- Meet the completion of a 1-year practicum of supervised marriage and family therapy experience, consisting of a minimum of 300 direct client contact hours, of which 150 hours shall be with couples or families, as part of the graduate program requirements as outlined in Section 54- 3405C(2), Idaho Code.
- Meet the 3,000-hour requirement as outlined in Section 54-3405C(3), Idaho Code. Effective July 1, 2004, a marriage and family therapist must be registered with the Board in order to provide post-graduate supervision.

### Professional Counselor

~~IDAPA 24.15.01.150-01-02 and~~ Idaho Statutes, Title 54, Chapter 34 (54-3405C)

A licensed professional counselor must have the following qualifications:

- A planned graduate program of 60 semester hours that are primarily counseling in nature, six semester hours of which are earned in an advanced counseling practicum, and including a graduate degree in a counseling field from an accredited university or college offering a graduate program in counseling.
- One thousand hours of supervised experience in counseling acceptable to the Board.
- An examination, when required by the Board's rules.

### Therapy Technicians Delivering Services to Children Birth - Three

~~IDAPA 16.03.10.657.9~~

Developmental therapy paraprofessionals serving infants and toddlers from birth to 3 years of age must have the following qualifications:

- Be at least 18 years of age or older.
- Be a high school graduate or have a GED.
- Have transcribed courses for the minimum of a Child Development Associate degree (CDA) or the equivalent through completion of 12 semester credits from an accredited college or university in child development, special education, or closely-related coursework.

-OR-

- Have three years of documented experience providing care to infants, toddlers, or children less than 5 years of age with Developmental Delays or Disabilities under the supervision of a child development professional, certified educator, licensed therapist, or developmental specialist.

Paraprofessionals, such as aides or therapy technicians, may be used by an agency to provide developmental therapy to children birth to 3 years of age if they are under the supervision of a developmental specialist fully qualified to provide services to participants in this age group.

## Occupational Therapist

~~IDAPA 22.01.09.020-01-04~~ and Idaho Statutes, Title 54, Chapter 37 (54-3706)

A licensed occupational therapist must have the following qualifications:

- Be of good moral character. The Board may refuse licensure if it finds the applicant has engaged in conduct prohibited by Section 54-3712, Idaho Code, provided the Board shall take into consideration the rehabilitation of the applicant and other mitigating circumstances.
- Provide evidence of successfully completing the academic requirements of a program in occupational therapy accredited by the American Occupational Therapy Association's Accreditation Council for Occupational Therapy Education, or an accrediting agency recognized by the United States Secretary of Education, the Council for Higher Education Accreditation, or both.
- Submit evidence of having successfully completed a period of supervised fieldwork experience acceptable to the Board, which fieldwork shall be a minimum of 6 months of supervised fieldwork experience.
- Either pass an examination required by the Board or shall be entitled to apply for licensure by endorsement or limited permit. The written examination shall be the examination conducted by the National Board for Certification in Occupational Therapy, Inc. (NBCOT) and the passing score shall be the passing score established by the NBCOT.

A licensed occupational therapist shall be responsible for the supervision of the certified occupational therapist assistant. The supervising and consulting therapist need not be physically present or on the premises at all times the occupational therapist assistant is performing the service.

The mode and extent of the communication between the supervising or consulting occupational therapist and the occupational therapist assistant shall be determined by the competency of the assistant, the treatment setting, and the diagnostic category of the client.

## Certified Occupational Therapist Assistant (COTA)

~~IDAPA 22.01.09.020-01-04~~ and Idaho Statutes, Title 54, Chapter 37 (54-3706)

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A certified occupational therapist assistant must have the following qualifications:

- Be of good moral character. The Board may refuse licensure if it finds the applicant has engaged in conduct prohibited by Section 54-3712, Idaho Code, provided the Board shall take into consideration the rehabilitation of the applicant and other mitigating circumstances.
- Provide evidence of successfully completing the academic requirements of a program in occupational therapy accredited by the American Occupational Therapy Association's Accreditation Council for Occupational Therapy Education, or an accrediting agency recognized by the United States Secretary of Education, the Council for Higher Education Accreditation, or both.
- Submit evidence of successfully completing a period of supervised fieldwork experience acceptable to the Board, which fieldwork shall be, a minimum of 2 months of supervised fieldwork experience.
- Either pass an examination required by the Board or shall be entitled to apply for licensure by endorsement or limited permit. The written examination shall be the examination conducted by the National Board for Certification in Occupational Therapy, Inc. (NBCOT) and the passing score shall be the passing score established by the NBCOT.

The licensed occupational therapist shall be responsible for the supervision of the certified occupational therapist assistant. The supervising and consulting therapist need not be physically present or on the premises at all times the occupational therapist assistant is performing the service. The mode and extent of the communication between the supervising or consulting occupational therapist and the occupational therapist assistant shall be determined by the competency of the assistant, the treatment setting, and the diagnostic category of the client.

## Orientation/Mobility Specialist

Orientation and mobility specialists are certified by the Academy for Certification of Vision Rehabilitation and Education Professionals. To qualify to take the certification exam, candidates must have the following qualifications:

1. Proof of a minimum of a Bachelor's degree (or foreign equivalent, as verified through an independent credential evaluation company), with an emphasis in Orientation and Mobility (O&M) from an Association for Education and Rehabilitation of the Blind and Visually Impaired (AER)-approved university or college O&M program at the time the degree or program of study was granted or completed.
2. In conjunction with the university program, successful completion of 350 hours of "discipline-specific, supervised practice that includes, but is not limited to, direct service hours, and related phone calls, meetings, observations, report writing, etc."
  - a. The practice must be supervised by an onsite certified orientation and mobility specialist.
3. A signed written statement agreeing to uphold high ethical and professional standards.

The preceding orientation and mobility specialist standards were taken from the website of The Academy for Certification of Vision Rehabilitation and Education Professionals.

## Optometrist

Idaho Statutes, Title 54, Chapter 15 (54-1520, 54-1521, 54-1522)

A licensed optometrist must have the following qualifications:

- Be a person of good moral character and more than 21 years of age.
- Present certificate of graduation or diploma, or a certified true copy of a certificate of graduation or diploma, from an accredited college or university of optometry that meets with the requirements set out in the rules and regulations of the State Board of Optometry.
- Be examined to determine knowledge of the subjects essential to the practice of optometry.

Examinations shall be written and practical, and shall include the required subjects enumerated in the rules and regulations of the State Board of Optometry.

## Pediatrician/Physician

~~IDAPA 22.01.01.050~~ and Idaho Statutes, Title 54, Chapter 18 (54-1810)

A licensed pediatrician/physician must have the following qualifications:

1. Submit a completed written application to the Board on forms furnished by the Board, which shall require proof of graduation from a medical school acceptable to the Board, and successful completion of a postgraduate training program acceptable to the Board.
  - a. The application shall require a fingerprint-based criminal history check of the Idaho central criminal database and the Federal Bureau of Investigation criminal history database. Each applicant must submit a full set of the applicant's fingerprints on forms supplied by the Board that shall be forwarded to the Idaho Department of Law Enforcement and the Federal Bureau of Investigation Identification Division for this purpose.
2. Pass an examination conducted by or acceptable to, the Board that shall thoroughly test the applicant's fitness to practice medicine.
  - a. If an applicant fails to pass the examination on two separate occasions, the applicant shall not be eligible to take the examination for at least one year, and before taking the examination again, the applicant must make a showing to the Board that they have successfully engaged in a course of study for the purpose of improving their ability to engage in the practice of medicine.
  - b. Applicants who fail two separate examinations in another state, territory, or district of the United States or Canada, must make the same showing of successful completion of a course of study prior to examination for licensure.
3. The Board may require an applicant to be personally interviewed by the Board or a designated committee of the Board. Such an interview shall be limited to a review of the applicant's qualifications and professional credentials.

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## Physician Assistant

~~IDAPA 22.01.03.021~~ and Idaho Statutes, Title 54, Chapter 18 (1803)

A licensed physician assistant must have the following qualifications:

1. Applicants for licensure shall have completed an approved program as defined in Subsection 010.03 and shall provide evidence of having received a college baccalaureate degree from a nationally-accredited school with a curriculum approved by the United States Secretary of Education, the Council for Higher Education Accreditation, or both; or from a school accredited by another such agency approved by the Board.
2. Satisfactory completion and passage of the certifying examination for physician assistants, administered by the National Commission of Certification of Physician Assistants, or such other examinations; which may be written, oral, or practical, as the Board may require.
3. The Board may, at its discretion require the applicant or the supervisory physician, or both, to appear for a personal interview.
4. If the applicant is to practice in Idaho, the applicant must submit payment of the prescribed fee and a completed form provided by the Board indicating:
  - a. The applicant has completed a delegation of services agreement signed by the applicant, supervising physician, and alternate supervising physicians.
  - b. The agreement is on file at each practice location, the address of record of the supervising physician, and the central office of the Board.

-OR-

- c. If the applicant is not to practice in Idaho, he or she must submit payment of the prescribed fee and a completed form provided by the Board indicating the applicant is not practicing in Idaho.

Prior to practicing in Idaho, the applicant must meet the requirements of Subsections 021.04.a.i. and 021.04.a.ii.

## Nurse Practitioner

~~IDAPA 23-01-01-285-03~~ and Idaho Statutes, Title 54, Chapter 14 (54-1409)

A licensed nurse practitioner must have the following qualifications:

- Be currently licensed as a professional nurse in Idaho.
- Have successfully completed an approved advanced practice professional nursing education program that meets the Board's requirements for the category of advanced nursing practice for which the applicant is seeking licensure.
- Have passed a qualifying examination recognized by the Board and have current initial certification or current recertification from a national group recognized by the Board.
- Be of sufficiently sound physical and mental health as to not impair or interfere with the ability to practice nursing.

## Physical Therapist

~~IDAPA 22-01-05-010-22 a-c~~ and Idaho Statutes, Title 54, Chapter 22 (54-2209, 54-2210)

A licensed physical therapist must have the following qualifications:

1. Be of good moral character.
2. Submit completed written application to the Board on forms furnished by the Board, which shall require proof of graduation from a nationally-accredited school, with a

- curriculum acceptable to the Board, for physical therapists or physical therapist assistants; and have completed the application process.
3. Have either passed, to the satisfaction of the Board, an examination authorized by the Board to determine the applicant's fitness to practice as a physical therapist or physical therapist assistant, or be entitled to and apply for licensure by endorsement as provided for in section 54-2211, Idaho Code.
  4. Have a degree from a school or course of physical therapy with a curriculum approved by:
    - a. The American Physical Therapy Association (APTA) from 1926 to 1936 or the APTA Accreditation Commission; or
    - b. The Council on Medical Education and Hospitals of the American Medical Association from 1936 to 1960; or
    - c. An accrediting agency recognized by the U.S. Commissioner of Education, the Council on Postsecondary Accreditation, or both.

A licensed physical therapist shall supervise and be responsible for patient care given by physical therapist assistants and supportive personnel. A physical therapist who delegates tasks or procedures that fall within the scope of the practice of physical therapy shall supervise such tasks and procedures in conformance with administrative rules adopted by the Board.

A physical therapist shall adhere to the policies and procedures that delineate the functions, responsibilities, and supervisory relationships of physical therapist assistants and supportive personnel as established by the Board, on the advice and counsel of the committee, in the Board's administrative rules.

## Physical Therapist Assistant

**IDAPA 22.01-05.010.22 a-c and** Idaho Statutes, Title 54, Chapter 22 (54-2209, 54-2210)

A licensed physical therapist assistant must have the following qualifications:

1. Be of good moral character.
2. Submit a completed, written application to the Board on forms furnished by the Board, which shall require proof of graduation from a nationally-accredited school with a curriculum acceptable to the Board, for physical therapists or physical therapist assistants, and have completed the application process.
3. Have either passed, to the satisfaction of the Board, an examination authorized by the Board to determine the applicant's fitness to practice as a physical therapist or physical therapist assistant, or be entitled to and apply for licensure by endorsement as provided for in section 54-2211, Idaho Code.
4. Have a degree from a school or course of physical therapist assistant with a curriculum approved by:
  - a. The American Physical Therapy Association (APTA) from 1926 to 1936, or the APTA Accreditation Commission; or
  - b. The Council on Medical Education and Hospitals of the American Medical Association from 1936 to 1960; or
  - c. An accrediting agency recognized by the U.S. Commissioner of Education, the Council on Postsecondary Accreditation, or both.

A licensed physical therapist shall supervise and be responsible for patient care given by physical therapist assistants and supportive personnel. A physical therapist who delegates tasks or procedures that fall within the scope of the practice of physical therapy shall supervise such tasks and procedures in conformance with administrative rules adopted by the Board.

A physical therapist shall adhere to the policies and procedures that delineate the functions, responsibilities, and supervisory relationships of physical therapist assistants and supportive personnel as established by the Board, on the advice and counsel of the committee, in the Board's administrative rules.

## Psychologist

~~IDAPA 24.12.01 and~~ Idaho Statutes, Title 54, Chapter 23 (54-2307)

A licensed psychologist must have the following qualifications:

1. Be of acceptable moral character.
2. Graduate from either:
  - a. An accredited college or university with a degree of doctor of philosophy in psychology and two years of postgraduate experience acceptable to the Board, such two years not to include terms of internship, or
  - b. A recognized college or university with a doctoral degree in a field related to psychology, provided experience and training are acceptable to the Board.
3. Successful passage of an examination, if such examination is required by the rules duly adopted by the Board. The Board will require a written examination of applicants. The written examination will be the National Examination for Professional Practice in Psychology (EPPP).

## Registered Dietician

~~IDAPA 22.01.13.020.01-02 and~~ Idaho Statutes, Title 54, Chapter 35 (54-3506)

A licensed registered dietician must have the following qualifications:

- Successfully complete the academic requirements of an education program in dietetics approved by the Licensure Board.
- Successfully complete a dietetic internship or pre-professional practice program, coordinated program, or such other equivalent experience as may be approved by the Licensure Board.
- Pass an examination as provided in section 54-3507, Idaho Code.
- Be of good moral character and shall meet the requirements set forth in Section 54-3506, Idaho Code. The Board may refuse licensure if it finds the applicant has engaged in conduct prohibited by Section 54-3510, Idaho Code, provided the Board shall take into consideration the rehabilitation of the applicant and other mitigating circumstances.
- Either pass an examination required by the Board or shall be entitled to apply for a waiver pursuant to Section 54-3508, Idaho Code.
- The written examination shall be the examination conducted by the Commission on Dietetic Registration and the passing score shall be the passing score established by the Commission.
- An applicant who fails to pass the examination must submit a new application.
- An applicant who has failed to pass the examination on two separate occasions will be denied eligibility to reapply; however, applications may be considered on an individual basis if proof of additional training is submitted.

## Registered Nurse

~~IDAPA 23.01.01.240.01-04~~ and Idaho Statutes, Title 54, Chapter 14 (54-1408)

A licensed registered nurse must:

- Be a graduate of a state-approved/accredited practical or professional nursing education program that is substantially equivalent to Idaho's Board-approved practical or professional nursing education program.
- Have taken the same licensing examination as that administered in Idaho and achieved scores established as passing for that examination by the Board.
- Be of sufficiently sound physical and mental health as will not impair or interfere with the ability to practice nursing.
- Applicant must hold a license in good standing from another state or territory of the United States.

The stability of the patient's environment, the patient's clinical state, and the predictability of the outcome determine the degree of direction and supervision that must be provided to the licensed practical nurse.

## Licensed Practical Nurse

~~IDAPA 23.01.01.460.01-02~~ and Idaho Statutes, Title 54, Chapter 14(54-1407)

A licensed practical nurse must:

- Have successfully completed the basic curriculum of an approved 11 month practical nursing education program, or its equivalent.
- Pass an examination adopted and used by the Board to measure knowledge and judgment essential for safe practice of practical nursing or have a practical nursing license in good standing, without restriction or limitation, issued upon successful similar examination that is approved by the Board conducted in another state, territory, or foreign country.
- Be of sufficiently sound physical and mental health as will not impair or interfere with the ability to practice nursing.

The stability of the patient's environment, the patient's clinical state, and the predictability of the outcome determine the degree of direction and supervision that must be provided to the licensed practical nurse.

## Service Coordinator

~~IDAPA 16.03.10~~

A qualified service coordinator must:

- Be an employee or contractor of an agency that has a valid provider agreement with the Idaho Department of Health and Welfare.
- Have at least 12 months' experience working with the population they will be serving or be supervised by a qualified service coordinator.
- Have a minimum of a bachelor's degree in a human services field from a nationally-accredited university or college or be a licensed professional nurse.

## Social Worker

~~IDAPA 24.14.01~~ and Idaho Statutes, Title 54, Chapter 32

Clinical social worker refers to an individual with a master's degree or doctorate in social work and 2 years of postgraduate supervised clinical experience approved by the Board who is licensed under this chapter and may be designated as a licensed clinical social worker (LCSW).

Masters social worker refers to an individual with a doctorate or master's degree in social work from a college or university approved by the Board who is licensed under this chapter and may be designated as a licensed master social worker (LMSW).

Social worker refers to an individual who has a baccalaureate degree in social work or related fields from a college or university approved by the Board, is licensed under this chapter, and may be designated as a licensed social worker (LSW). The Board shall issue licenses to qualified applicants who, in addition to qualifications enumerated in section 54-3202, Idaho Code, have passed an examination conducted by the Board and are of good moral character.

## Speech/Language Pathologist

Statutes, Title 54, Chapter 29 (54-2913)

A licensed speech/language pathologist must:

- File a written application with the Board on forms prescribed and furnished by the Board. A non-refundable application fee shall accompany the completed written application. Such fees shall be established by the administrative rules of the Board and shall be in such amounts as are reasonable and necessary for the proper execution and enforcement of this chapter.
- Provide documentation satisfactory to the Board that the applicant possesses a master's or doctoral degree from a nationally-accredited school of Speech/Language Pathology with a curriculum acceptable to the Board.
- Pass an examination in speech/language pathology approved by the Speech and Hearing Services Licensure board and earn a Certificate of Clinical Competence in Speech/Language Pathology (CCC-SLP).
- Meet the current supervised academic clinical practicum and supervised postgraduate professional experience approved by the Board.
- Never have had a license for speech/language pathology revoked as part of disciplinary action from this or any other state.

In addition, the speech/language pathologist shall not be found by the Board to have engaged in conduct prohibited by section 54-2923, Idaho Code. However, the Board may take into consideration the rehabilitation of the applicant and other mitigating circumstances, as appropriate.

### *Speech/Language Pathologist's Responsibilities*

It is the speech/language pathologist's responsibility to design and implement a supervision system that protects patient/client care and maintains the highest possible standards of quality. The amount and type of supervision required should be based on the skills and experience of the speech/language pathology aide/assistant, the needs of patients/clients served, the service setting, the tasks assigned, and other factors. More intense supervision, for example, would be required in such instances as the orientation of a new speech/language pathology aide/assistant; initiation of a new program, equipment, or task; or a change in patient/client status (e.g., medical complications).

The speech/language pathology aide/assistant must be supervised by a speech/language pathologist who holds a Certificate of Clinical Competence in Speech/Language Pathology from the American Speech Language/Hearing Association (ASHA), has state licensure (where applicable), has an active

interest and wants to use support personnel, and has practiced speech/language pathology for at least two years following ASHA certification.

In addition, completion of at least one pre-service course or continuing education unit in supervision is suggested. Periodic updating of supervision skills through in-service training is also considered highly desirable. A total of at least 30 percent direct and indirect supervision should be provided weekly for the first 90 workdays. For a 40-hour workweek, 12 hours would be both direct and indirect supervision.

Direct supervision of patient/client care should be no less than 20 percent of the actual patient/client contact time weekly for each speech/language pathology aide/assistant. This ensures that the supervisor will have direct contact time with the speech/language pathology aide/assistant as well as with the patient/client.

During each week, data on every patient/client seen by the speech/language pathology aide/assistant should be reviewed by the supervisor. In addition, the 20 percent direct supervision should be scheduled so that all patients/clients seen by the assistant are directly supervised in a timely manner. Supervision days and time of day (morning/afternoon) may be alternated to ensure that all patients/clients receive some direct contact with the speech/language pathologist at least once every two weeks.

## Speech/Language Pathologist Aide

Idaho Statutes, Title 54, Chapter 29 (54-2914)

A licensed speech/language pathologist aide must:

- File a written application with the Board on forms prescribed and furnished by the Board. A nonrefundable application fee shall accompany the completed written application. Such fees shall be established by the administrative rules of the Board and shall be in such amounts as are reasonable and necessary for the proper execution and enforcement of this chapter.
- Provide documentation satisfactory to the Board that the applicant possesses a baccalaureate degree from a nationally-accredited school of speech-language pathology aide with a curriculum acceptable to the Board.
- Pass an examination in speech-language pathology aide approved by the Board.

### *Speech/Language Pathologist's Responsibilities*

It is the speech/language pathologist's responsibility to design and implement a supervision system that protects patient/client care and maintains the highest possible standards of quality. The amount and type of supervision required should be based on the skills and experience of the speech/language pathology aide/assistant, the needs of patients/clients served, the service setting, the tasks assigned, and other factors. More intense supervision, for example, would be required in such instances as the orientation of a new speech/language pathology aide/assistant; initiation of a new program, equipment, or task; or a change in patient/client status (e.g., medical complications).

The speech/language pathology aide/assistant must be supervised by a speech/language pathologist who holds a Certificate of Clinical Competence in Speech/Language Pathology from the American

Speech Language/Hearing Association (ASHA), has state licensure (where applicable), has an active interest and wants to use support personnel, and has practiced speech/language pathology for at least two years following ASHA certification.

In addition, completion of at least one pre-service course or continuing education unit in supervision is suggested. Periodic updating of supervision skills through in-service training is also considered highly desirable. A total of at least 30 percent direct and indirect supervision should be provided weekly for the first 90 workdays. For a 40-hour workweek 12 hours would be both direct and indirect

supervision.

Direct supervision of patient/client care should be no less than 20% of the actual patient/client contact time weekly for each speech/language pathology aide/assistant. This ensures that the supervisor will have direct contact time with the speech/language pathology aide/assistant as well as with the patient/client.

During each week, data on every patient/client seen by the speech/language pathology aide/assistant should be reviewed by the supervisor. In addition, the 20 percent direct supervision should be scheduled so that all patients/clients seen by the assistant are directly supervised in a timely manner. Supervision days and time of day (morning/afternoon) may be alternated to ensure that all patients/clients receive some direct contact with the speech/language pathologist at least once every two weeks.

## Speech/Language Pathologist Assistant

Idaho Statutes, Title 54, Chapter 29 (54-2915)

A licensed speech/language pathologist assistant must:

- File a written application with the Board on forms prescribed and furnished by the Board. A non-refundable application fee shall accompany the completed written application. Such fees shall be established by the administrative rules of the Board and shall be in such amounts as are reasonable and necessary for the proper execution and enforcement of this chapter.
- Provide documentation satisfactory to the Board that the applicant possesses an associate's degree from a nationally-accredited school of Speech/Language Pathology Assistant with a curriculum acceptable to the Board.
- Pass an examination in Speech/Language Pathology Assistant approved by the Board.

### *Speech/Language Pathologist's Responsibilities*

It is the speech/language pathologist's responsibility to design and implement a supervision system that protects patient/client care and maintains the highest possible standards of quality. The amount and type of supervision required should be based on the skills and experience of the speech/language pathology aide/assistant, the needs of patients/clients served, the service setting, the tasks assigned, and other factors. More intense supervision, for example, would be required in such instances as the orientation of a new speech/language pathology aide/assistant; initiation of a new program, equipment, or task; or a change in patient/client status (e.g., medical complications).

The speech/language pathology aide/assistant must be supervised by a speech/language pathologist who holds a Certificate of Clinical Competence in Speech/Language Pathology from the American Speech Language/Hearing Association (ASHA), has state licensure (where applicable), has an active interest and wants to use support personnel, and has practiced speech/language pathology for at least two years following ASHA certification.

In addition, completion of at least one pre-service course or continuing education unit in supervision is suggested. Periodic updating of supervision skills through in-service training is also considered highly desirable. A total of at least 30 percent direct and indirect supervision should be provided weekly for the first 90 workdays. For a 40-hour workweek, 12 would be both direct and indirect supervision. Direct supervision of patient/client care should be no less than 20 percent of the actual patient/client contact time weekly for each speech/language pathology aide/assistant. This ensures that the supervisor will have direct contact time with the speech/language pathology aide/assistant as well as with the patient/client.

During each week, data on every patient/client seen by the speech/language pathology aide/assistant should be reviewed by the supervisor. In addition, the 20 percent direct supervision should be scheduled so that all patients/clients seen by the assistant are directly supervised in a timely

manner. Supervision days and time of day (morning/afternoon) may be alternated to ensure that all patients/clients receive some direct contact with the speech/language pathologist at least once every two weeks.

## Teacher for Visually Impaired

### IDAPA-08.02.02

A certified teacher for visually impaired must possess both a Standard Exceptional Child Certificate and a Visual Impairment Endorsement (K-12).

To be eligible for an Exceptional Child Certificate with a Visually Impaired Endorsement, a candidate must:

1. Satisfy the following requirements
  - a. Complete a baccalaureate degree from an accredited college or university.
  - b. Complete a program from an Idaho college or university in elementary, secondary, or special education currently approved by the Idaho State Board of Education.

-OR-

- c. Complete a program from an out-of-state college or university in elementary, secondary, or special education currently approved by the educational agency of the state which the program was completed.
2. Complete a program of a minimum of 30 semester credit hours in the area of visual impairment and must receive an institutional recommendation specific to this endorsement from an accredited college or university.