

LETTER OF AGREEMENT FOR THE SUPERVISED PRACTICE
OF AUDIOLOGY ASSISTANT

This is to be completed by the licensed audiologist.

I, _____ do hereby consent to supervise,
_____ as an assistant. I acknowledge that I have
read and that I do understand the laws and Rules of the Board pertaining to
the use of supervised assistants. I agree to conduct the supervision of the
above-named applicant according to the laws, rules, and ethics applicable to
practice as an assistant. I assert that in making this agreement, I take full
legal and ethical responsibility for this applicant's assistant activities and
services as provided in the Rules of the Board. I agree to notify the Board
when I am no longer supervising the aforementioned assistant authorization.

Signature of Licensed Supervisor

Date Signed

LETTER OF AGREEMENT FOR THE SUPERVISED PRACTICE
OF AUDIOLOGY ASSISTANT

This is to be completed by the assistant.

I, _____ hereby apply to the Oklahoma State Board of Examiners for Speech-Language Pathology and Audiology for approval to work under the supervision of _____.

I acknowledge that I have read and do understand the Board Statutes and Rules, specifically those provisions pertaining to the supervised practice under the direction of a licensed audiologist. I agree to conduct myself according to the laws, rules, and ethics applicable to such work. I further assert that I understand that approval granted by the Board is for supervised assistant activities and services only, and that any representation to the public that I am an independent practitioner will lead to automatic revocation of authorization.

Signature of Assistant

Date Signed