

**BOARD OF EXAMINERS FOR SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY
3700 N CLASSEN BLVD, STE 248
OKLAHOMA CITY, OK 73118**

CHANGE OF SUPERVISION FOR SPEECH-LANGUAGE PATHOLOGY ASSISTANT

NAME: _____ SLPA#: _____
FIRST MIDDLE INT. LAST

HOME ADDRESS: _____
STREET CITY STATE ZIP

HOME PHONE #: _____ CELL PHONE #: _____

PLEASE CHECK ONE OF THE FOLLOWING:

ADDITIONAL SUPERVISOR OR REPLACING CURRENT SUPERVISOR

IF REPLACING, NAME OF SUPERVISOR REPLACING: _____

NAME OF NEW SUPERVISOR: _____ LICENSE #: _____
PLEASE CHECK ONE OF THE FOLLOWING:

SUPERVISOR HAS MAILED CERTIFICATES FOR 6 HOURS OF TRAINING

ATTACHED IS SUPERVISOR'S CERTIFICATES FOR 6 HOURS OF TRAINING

NAME OF EMPLOYER: _____

EMPLOYER ADDRESS: _____
STREET CITY STATE ZIP

WORK PHONE #: _____

E-MAIL ADDRESS: _____

PROPOSED STARTING DATE: _____ HOURS WORK PER WEEK: _____

**I HAVE READ AND WILL FULFILL THE DUTIES AND RESPONSIBILITIES AS ASSIGNED
BY THE SUPERVISING SPEECH-LANGUAGE PATHOLOGIST PER THE ALLOWABLE
ACTIVITIES FOR SPEECH-LANGUAGE PATHOLOGY ASSISTANTS. 690:10-7-10(a)(b)**

SUPERVISORS SIGNATURE

ASSISTANT SIGNATURE

**LETTER OF AGREEMENT FOR THE SUPERVISED PRACTICE
OF SPEECH-LANGUAGE PATHOLOGY ASSISTANT**

This is to be completed by the licensed speech-language pathologist.

I, _____ do hereby consent to supervise,
_____ during licensure 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 licensee.

Signature of Licensed Supervisor

Date Signed

**LETTER OF AGREEMENT FOR THE SUPERVISED PRACTICE
OF SPEECH-LANGUAGE PATHOLOGY ASSISTANT**

This is to be completed by the assistant.

I, _____ 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 speech-language pathologist. 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 licensure.

Signature of Assistant

Date Signed