



**OKLAHOMA BOARD OF EXAMINERS FOR SPEECH-LANGUAGE
PATHOLOGY AND AUDIOLOGY**

3700 N Classen Blvd Ste. 248 Oklahoma City, OK. 73118
Oklahoma.gov/OBESPA

CHANGE OF SUPERVISION FOR SLPA

LICENSEE'S INFORMATION

1. Licensee's Name:			2. SLPA License Number:		
_____	_____	_____	_____		
First	Last	Middle Int.			
3. Address:					

P.O. Box, Street Number, Street Name, City, State, Zip Code					
4. Licensee's Email Address:			5. Licensee's Phone Number:		
_____			_____		
6. Please Check one of the following:					
<input type="checkbox"/> Additional Supervisor OR <input type="checkbox"/> Replacing Current Supervisor					
If Replacing, Name of Current Supervisor Replacing:					

NEW SUPERVISOR INFORMATION

7. Supervisor's Name:			8. Supervisor's License Number:		
_____	_____	_____	_____		
First	Last	Middle Int.			
9. Name of Employer:			10. Employer Phone Number:		
_____			_____		
11. Employer Address:					

P.O. Box, Street Number, Street Name, City, State, Zip Code					
12. Proposed Start Date:			13. Full-Time (30hrs or more a week) <input type="checkbox"/>		
_____			OR		
			Part-Time (30hrs or less a week) <input type="checkbox"/>		

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(c)(d)

SUPERVISORS SIGNATURE

ASSISTANT SIGNATURE

SPEECH-LANGUAGE PATHOLOGY ASSISTANT (SLPA)
LETTERS OF AGREEMENT FOR SUPERVISED PRACTICE

To be completed by the licensed speech-language pathologist

Assistants Name: _____

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 above-mentioned assistant.

Signature of Supervisor

License Number

Print Name

Date

SPEECH-LANGUAGE PATHOLOGY ASSISTANT (SLPA)
LETTERS OF AGREEMENT FOR SUPERVISED PRACTICE

To be completed by the Assistant

Supervisors Name: _____

I acknowledge that I have read and that I do understand the laws and rules of the Board, 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

Print Name