



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

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

**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