

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