

REPEAL

~~RESPONSIBILITY STATEMENT FOR SUPERVISORS OF A SPEECH-LANGUAGE PATHOLOGY ASSISTANT~~

~~Division 13.4 of Title 16, California Code of Regulations Section 1399.170.15 requires that any qualified speech-language pathologist who assumes responsibility for providing supervision to a registered speech-language pathology assistant to complete and sign under penalty of perjury, the following statement.~~

~~Speech-Language Pathology Assistant's Name _____ SPA Number _____~~

~~Supervisor's Name _____ License or SSN Number _____~~

~~As the supervisor:~~

~~1) I possess the following qualifications to supervise a speech-language pathology assistant:~~

~~A California license issued by the Speech-Language Pathology and Audiology Board _____,~~

~~**-OR-** _____ License # _____ Issue Date _____~~

~~A valid and current Professional Clear, Clear, or Life Clinical or Rehabilitative Services Credential in language, speech, and hearing issued by the California Commission on Teacher Credentialing _____,~~

~~(please attach a copy of the credential front and back) _____ SSN # _____ Issue Date _____~~

~~2) I will immediately notify the assistant of any disciplinary action, including revocation, suspension, even if stayed, probation terms, inactive license, or lapse in licensure, that effects my ability or right to supervise.~~

~~3) I will complete not less than six (6) hours of continuing professional development in supervision training in the initial two-year period from the commencement of supervision, and three (3) hours in supervision training every two years thereafter pursuant to Section 1399.170.15(b)(4) of the California Code of Regulations.~~

~~4) I will maintain records of course completion for a period of two years from the speech-language pathology assistant's registration renewal date.~~

~~5) I know and understand the laws and regulations pertaining to the supervision of assistants and the experience required for registration as a speech-language pathology assistant.~~

~~6) I will ensure that the extent, kind, and quality of the clinical work performed is consistent with the training and experience of the speech-language pathology assistant and shall be accountable for the assigned tasks performed by the speech-language pathology assistant.~~

~~7) I will review client/patient records, monitor and evaluate assessment and treatment decisions of the speech-language pathology assistant, monitor and evaluate the ability of the assistant to provide services at the site(s) where he or she will be practicing and to the particular clientele being treated, and ensure compliance with all laws and regulations governing the practice of speech-language pathology.~~

~~8) I will assist with the development of a plan for the speech-language pathology assistant to complete twelve (12) hours of continuing professional development every two years, through state or regional conferences, workshops, formal in-service presentations, independent study programs, or any combination of these, concerning communication disorders.~~

- 9) ~~I will address with the speech language pathology assistant the manner in which emergencies will be handled.~~
- 10) ~~I will provide this board with this original signed form within thirty (30) calendar days of commencement of any supervision. I will provide a copy of this form to the speech language pathology assistant.~~
- 11) ~~At the time of termination of supervision, I will complete the "Termination of Supervision" form 77ST(new 12/99). I will submit the original signed form to the board within fourteen (14) calendar days of termination of supervision.~~
- 12) ~~Upon written request of the board, I will provide to the board any documentation which verifies my compliance with the requirements set forth in this statement.~~
- 13) ~~I will not supervise more than three (3) support personnel, not more than two of which hold the title of speech language pathology assistant.~~

Multiple Supervision Statement

Are you supervising an assistant who has more than one supervisor?

☐ Yes ☐ No

If yes, please indicate whether you will be the supervisor designated as the lead supervisor for the purposes of assisting the speech language pathology assistant in his or her compliance with the continuing professional development requirement pursuant to section 1399.170.17 of the California Code of Regulations.

☐ Yes ☐ No

~~I declare under penalty of perjury under the laws of the State of California that I have read and understand the foregoing and the information submitted on this form is true and correct.~~

Printed Name of Qualified Supervisor Signature of Qualified Supervisor Date

Date Supervision Commenced

Mailing Address: Number and Street City State Zip Code

Qualified Supervisor's Daytime Telephone Number: () _____

Printed Name of Speech Language Pathology Assistant Signature of Speech Language Pathology Assistant Date

SOCIAL SECURITY DISCLOSURE NOTICE

Disclosure of your Social Security Number (SSN) is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405 (c) (2) C)) authorize collection of your SSN. Your SSN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Section 11350.6 of the Welfare and Institutions Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your SSN, you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.