

# REPEAL

## ~~TERMINATION OF SUPERVISION~~

~~Division 13.4 of Title 16, California Code of Regulations Section 1399.170.18 requires that at the time of termination of supervision, the supervisor shall submit this original signed form within fourteen days of the termination of supervision.~~

Speech Language Pathology Assistant's Name	SPA Number
Supervisor's Name	License or SSN Number

I, \_\_\_\_\_ certify that I supervised \_\_\_\_\_ in performing the duties and functions of a speech language pathology assistant in accordance with Section 1399.170.15 of the California Code of Regulations from \_\_\_\_\_ to \_\_\_\_\_

~~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

\_\_\_\_\_  
Mailing Address: No. & Street      City      State      Zip Code

( )  
Qualified Supervisor's Daytime Telephone Number

The original of this form must be mailed to:

Speech Language Pathology & Audiology Board  
1422 Howe Avenue, Suite 3  
Sacramento, CA 95825