

DEPARTMENT OF CONSUMER AFFAIRS
**TITLE 16. SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY
AND HEARING AID DISPENSERS BOARD**

Speech-Language Pathology Assistant
Supervision Requirements

ORDER OF ADOPTION

Amend section 1399.170 of Division 13.4 of Title 16 of the California Code of Regulations to read as follows:

§ 1399.170. Definitions

As used in this article:

(a) "Accountability" means being legally responsible and answerable for actions and inactions of self or others during the performance of a task by the speech-language pathology assistant.

(b) "Client" shall have the same meaning and effect as the term "patient" and "student," when referring to services provided in a school or other setting, for purposes of interpreting the provisions in this Article.

(c) "Immediate supervision" means the supervising speech-language pathologist is physically present during services provided to the client by the speech-language pathology assistant.

~~(e)~~(d) "Direct supervision" means on-site observation and guidance or synchronous audiovisual observation and guidance by the supervising speech-language pathologist while a clinical activity is performed by the speech-language pathology assistant. Direct supervision performed by the supervising speech-language pathologist may include, but is not limited to, the following: observation of a portion of the screening or treatment procedures performed by the speech-language pathology assistant, coaching the speech-language pathology assistant, and modeling for the assistant.

~~(d)~~ "~~Immediate supervision~~" means ~~the supervising speech-language pathologist is physically present during services provided to the client by the speech-language pathology assistant.~~

(e) "Indirect supervision" means the supervising speech-language pathologist is not at the same facility or in close proximity to the speech-language pathology assistant, but is available to provide supervision by asynchronous electronic means. Indirect supervision activities performed by the supervising speech-language pathologist may include, but are not limited to, demonstration, record review, review and evaluation of audio or

~~videotaped~~ video-taped sessions, interactive television, and supervisory conferences that may be conducted by telephone or electronic mail.

(f) “Medically fragile” is the term used to describe a client that is acutely ill and in an unstable condition and if treated by a speech-language pathology assistant, immediate supervision by a speech-language pathologist is required.

(g) “Screening” is a pass-fail procedure to identify, without interpretation, clients who may require further assessment following specified screening protocols developed by the supervising speech-language pathologist.

(h) “Supervision” for the purposes of this article, means the provision of direction and evaluation of the tasks assigned to a speech-language pathology assistant. Methods for providing supervision include ~~direct supervision~~, immediate supervision, direct supervision, and indirect supervision.

(i) “Support personnel” means individuals who, following academic and/or on-the-job training, perform tasks as prescribed, directed and supervised by a speech-language pathologist. There are different levels of support personnel based on training and scope of responsibilities.

(j) “Full-time equivalent” means at least thirty (30) hours per week.

(k) “Assistant” means a speech-language pathology assistant.

Note: Authority cited: Sections 2531.95 and 2538.1(a), Business and Professions Code.
Reference: Section 2538.1(b), Business and Professions Code.

Amend section 1399.170.2 of Division 13.4 of Title 16 of the California Code of Regulations to read as follows:

§ 1399.170.2. Types of Supervision Required for Duties Performed by a Speech-Language Pathology Assistant.

(a) Duties performed by the speech-language pathology assistant that require immediate supervision may include, but are not limited to, any direct client activity involving medically fragile patients. In such instances, the speech-language pathology assistant shall act only under the direction of the supervisor.

(b) Duties performed by the speech-language pathology assistant that require direct supervision may include, but are not limited to, any new screening or treatment activity that the assistant has been trained to perform by the supervisor, but has not yet been performed by the speech-language pathology assistant in direct client care.

(c) Duties performed by the speech-language pathology assistant that require indirect supervision may include, but are not limited to, the following:

(1) Screening or treatment activities where the supervisor has previously given instructions as to how to perform the task, has observed the assistant in the conduct of these activities, and is satisfied that the activities can be competently performed by the speech-language pathology assistant, i.e., repetitive drill exercises, generalization or carryover activities;

(2) Clerical tasks such as record keeping, materials preparation, scheduling, equipment maintenance; and,

(3) Other non-client care activities.

(d) Notwithstanding subdivisions (a), (b), and (c), the supervisor shall provide supervision to the speech-language pathology assistant following their initial licensure in accordance with Section 1399.170.15(b)(4) of the California Code of Regulations.

Note: Authority cited: Sections 2531.95 and 2538.1(a), Business and Professions Code. Reference: Section 2538.1(b)(7), Business and Professions Code.

Amend section 1399.170.15 of Division 13.4 of Title 16 of the California Code of Regulations to read as follows:

§ 1399.170.15. Requirements for the Supervision of the Speech-Language Pathology Assistant.

(a) The supervising speech-language pathologist (hereinafter called "supervisor") is responsible for designing and implementing a supervisory plan that protects client care and maintains the highest possible standards of quality. ~~The amount and type of supervision required should be consistent with the skills and experience of the speech-language pathology assistant, the needs of the clients, the service setting, the tasks assigned, and the laws and regulations that govern speech-language pathology assistants.~~ Treatment of the client remains the responsibility of the supervisor.

(b) Any person ~~supervising~~ registering a speech-language pathology assistant registered with the Board on or after April 10, 2001, ~~(hereinafter called "supervisor")~~ shall submit, within thirty (30) days of the commencement of such supervision, the ~~"Responsibility Statement for Supervision of a Speech-Language Pathology Assistant" (77S-60, New 12/99), which requires that:~~ meet all of the following requirements:

(1) ~~The supervisor shall p~~Possess and maintain a current, active, and unrestricted valid California license as a speech-language pathologist as required in Section 2532 of the Code and Section 1399.160.3 of California Code of Regulations or may hold a ~~valid and current, active, and unrestricted~~ professional clear, clear, or life clinical or rehabilitative services credential in language, speech and hearing, or speech-language pathology services credential issued by the California Commission on Teacher Credentialing, and have at least two

years of full-time experience or 3,120 hours providing services as a licensed or credentialed speech-language pathologist. "Full-time experience" as used in this section means the individual works a minimum of thirty (30) hours per week for at least thirty-six (36) weeks in a calendar year.

(2) ~~The supervisor shall immediately~~ notify the assistant of any disciplinary action, including revocation, suspension (even if stayed), probation terms, inactive license, or lapse in licensure, which affects the supervisor's ability or right to supervise.

(3) ~~The supervisor shall ensure~~ that the extent, kind, and quality of the clinical work performed is consistent with the training and experience of the person being supervised; and be accountable for the assigned tasks performed by the speech-language pathology assistant. The supervisor shall review client/patient records, ~~monitor and evaluate assessment and treatment decisions of the speech-language pathology assistant, and monitor and evaluate the ability of the assistant to provide services to the particular clientele being treated at the site(s) where he or she will be practicing setting where the service is being provided and to the particular clientele being treated,~~ and ensure compliance with all laws and regulations governing the practice of speech-language pathology.

(4) Provide direct supervision that consists of on-site observation and guidance at least twenty (20) percent per week of the speech-language pathology assistant's work schedule for the first ninety (90) days following initial licensure. The supervisor shall maintain a record in the speech-language pathology assistant's personnel file that verifies that the speech-language pathology assistant meets the requirements in this subdivision.

(45) ~~The supervisor shall complete~~ not less than six (6) hours of continuing professional development in supervision training ~~in the initial two year period from prior to assuming responsibility as a supervisor the commencement of supervision,~~ and three (3) hours in supervision training of continuing professional development every ~~two~~ four (4) years thereafter. Continuing professional development training obtained by a Board-approved provider that meets the course content listed below, may be applied towards the continuing professional development requirement for licensees set forth in Section 1399.160.3 of the California Code of Regulations. The content of such training shall include, but is not limited to:

(A) Familiarity with supervision literature through reading assignments specified by course instructors; ~~and~~

(B) Improving knowledge and understanding of the relationship between the speech-language pathologist and the assistant, and the relationship between the speech-language pathologist and the client.;

(C) Structuring to maximize supervision, including times and conditions of supervision sessions, problem solving ability, and implementing supervisor interventions within a range of supervisory modalities including live, videotape, audiotape, and case report methods;

(D) Knowledge of contextual variables such as culture, gender, ethnicity, and economic issues; and

(E) The practice of clinical speech-language pathology including the mandated reporting laws and knowledge of ethical and legal issues.

~~(56) The supervisor shall m~~Maintain records of course completion in supervision training for a period of two years from the speech-language pathology assistant's renewal date.

~~(67) The supervisor knows and understands~~Review with the speech-language pathology assistant the laws and regulations pertaining to supervision and practice of speech-language pathology assistants.

~~(78) As the professional development advisor, the supervisor shall assist in the d~~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.

~~(89) The supervisor shall communicate to the speech-language pathology assistant the manner in which emergencies will be handled.~~Provide the speech-language pathology assistant with a plan for how to handle emergencies.

(10) Assume responsibility for all services provided to clients by the speech-language pathology assistant that is being supervised.

~~(9c) Upon written request of the Board, t~~The supervisor shall provide to the Board within thirty (30) business days from the start date of supervision any documentation signed "Responsibility Statement for Supervisors of a Speech-Language Pathology Assistant" (DCA-SLPAHADB-SPA-110, Rev. 01/2024), which is hereby incorporated by reference. This form verifies the supervisor's compliance with the requirements set forth in this article. The supervisor shall provide a copy of the completed form to the assistant within forty-five (45) business days from the commencement date of supervision.

Note: Authority cited: Sections 2531.95 and 2538.1(a), Business and Professions Code. Reference: Sections 2530.2(f), and 2538.1(b)(5), (6), (7) and (9), Business and Professions Code.

Amend section 1399.170.16 of Division 13.4 of Title 16 of the California Code of Regulations to read as follows:

§ 1399.170.16. Maximum Number of Support Personnel.

A supervisor shall not supervise more than three (3) full-time equivalent support personnel, and shall not exceed more than (6) support personnel at any time, more than two of which hold the title of speech-language pathology assistant. Support personnel includes speech-language pathology assistants and speech-language pathology aides.

Note: Authority cited: Sections 2531.95 and 2538.1(a), Business and Professions Code.
Reference: Section 2538.1(b)(8), Business and Professions Code.

Amend section 1399.170.17 of Division 13.4 of Title 16 of the California Code of Regulations to read as follows:

§ 1399.170.17. Multiple Supervision.

If a speech-language pathology assistant has more than one supervisor, each supervisor shall submit a signed Supervisor "Responsibility Statement for Supervisors of a Speech-Language Pathology Assistant" (DCA-SLPAHADB-SPA-110, Rev. 01/2024), hereby incorporated by reference. Of the multiple supervisors, one shall be designated as the lead supervisor for purposes of assisting the speech-language pathology assistant in ~~his or her~~ their compliance with the continuing professional development requirement.

Note: Authority cited: Sections 2531.95 and 2538.1(a), Business and Professions Code.
Reference: Sections 2530.2(f) and 2538.1(b)(5)-(9), Business and Professions Code.

Amend section 1399.170.18 of Division 13.4 of Title 16 of the California Code of Regulations to read as follows:

§ 1399.170.18. Notice of Termination.

At the time of termination of supervision, the supervisor shall notify the Board in writing, complete the "Termination of Supervision" form (77S-61 New 12/99). This original signed ~~form notification~~ shall be submitted to the Board by the supervisor within fourteen (14) days of termination of supervision. The supervisor shall provide a copy of the completed notification to the speech-language pathology assistant within forty-five (45) business days of termination of supervision.

(a) Written notification for the purposes of this section shall include the full legal name and license number of the speech-language pathology assistant; the effective date of the termination; and the supervisor's full legal name, license or credential number, business address, telephone number, and signature.

(b) The notification shall contain a certification under penalty of perjury that all statements made in the Termination of Supervision document are true in every respect and that misstatements or omissions of material facts may be cause for suspension or revocation of a license.

Note: Authority cited: Sections 2531.95 and 2538.1(a), Business and Professions Code.
Reference: Sections 2530.2(f) and 2538.1(b)(5)-(9), Business and Professions Code.

**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.



RESPONSIBILITY STATEMENT FOR SUPERVISORS OF A SPEECH-LANGUAGE PATHOLOGY ASSISTANT

INSTRUCTIONS TO SUPERVISORS: Complete the following sections, read the statements on page 2 and 3, and sign on page 3. This form must be submitted to the Board within 30 business days from the start date of supervision. Do not use white out on this form if printed and mailed to the Board. If errors are made, cross out erroneous information and initial next to the change.

INSTRUCTIONS TO SPEECH-LANGUAGE PATHOLOGY ASSISTANT: Read the statements and sign on page 2.

This completed form must be submitted to the Board as required by Title 16, California Code of Regulations (CCR) section 1399.170.15. The information requested on this form is mandatory and must be submitted to remain in compliance with section 1399.170.15. The information provided will be used to determine compliance with section 1399.170.15.

PART A: SPEECH-LANGUAGE PATHOLOGY ASSISTANT INFORMATION

Form with fields for: 1. FULL LEGAL NAME (LAST, FIRST, MIDDLE), 2. SPEECH-LANGUAGE PATHOLOGY ASSISTANT LICENSE NUMBER, 3. STREET ADDRESS, CITY, STATE, ZIP CODE, 4. EMAIL ADDRESS.

PART B: SUPERVISOR INFORMATION

Form with fields for: 1. FULL LEGAL NAME OF SUPERVISOR (LAST, FIRST, MIDDLE), 2. SPEECH-LANGUAGE PATHOLOGY LICENSE NUMBER OR CLEAR CREDENTIAL DOCUMENT NUMBER, 3. STREET ADDRESS, CITY, STATE, ZIP CODE, 4. EMAIL ADDRESS.

Refer to Title 16, California Code of Regulations (16 CCR), Section 1399.170.15 for a supervisor's responsibilities.

PART C: SUPERVISION

Form with fields for: 5. DATE SUPERVISION BEGAN: (MM/DD/YY), 6. ARE YOU SUPERVISING AN ASSISTANT WHO HAS MORE THAN ONE SUPERVISOR? (YES/NO), 7. ASSISTANT'S NUMBER OF EMPLOYMENT HOURS PER WEEK: (FULL-TIME/PART-TIME).

Duties and Responsibilities of Speech-Language Pathology Assistant

- 1) I have reviewed with my supervisor the laws and regulations pertaining to the practice of speech-language pathology assistant.
- 2) I will complete twelve (12) hours of continuing professional development every two (2) years with the help of my supervisor.

ASSISTANT SIGNATURE

PRINTED NAME OF ASSISTANT

DATE

Duties and Responsibilities of Supervisor

- 1) I possess and will maintain a current, active, and unrestricted California Speech-Language Pathology license, or a current, active, and unrestricted credential in language, speech, and hearing or speech-language pathology services issued by the Commission on Teacher Credentialing, and have at least two years of full-time experience or 3,120 hours providing services as a licensed or credentialed speech-language pathologist. "Full-time experience" means the individual works a minimum of thirty (30) hours per week for at least thirty-six (36) weeks in a calendar year.
- 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 affects my ability or right to supervise.
- 3) I will ensure that the extent, kind, and quality of the clinical work performed is consistent with the training and experience of the assistant and I shall be accountable for the assigned tasks performed by the assistant. I will review client/patient records, monitor and evaluate the ability of the assistant to provide services to the particular clientele being treated at the setting where the service is being provided, and ensure compliance with all laws and regulations governing the practice of speech-language pathology.
- 4) I will provide direct supervision that consists of on-site observation and guidance at least twenty (20) percent per week of the assistant's work schedule for the first ninety (90) days following initial licensure. I will maintain a record in the assistant's personnel file that verifies that the speech-language pathology assistant met this requirement.
- 5) I will complete no less than six (6) hours of continuing professional development in supervision training prior to assuming responsibility as a supervisor, and three (3) hours in supervision training every four (4) years thereafter.
- 6) I will maintain records of course completion in supervision training for a period of two (2) years from the assistant's registration renewal date.
- 7) I have reviewed with the assistant the laws and regulations pertaining to supervision and practice of assistants.
- 8) I will develop a plan for the assistant to complete twelve (12) hours of continuing professional development every two (2) 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 provide the assistant with a plan for how to handle emergencies.
- 10) I assume responsibility for all services provided to clients by the assistant that is being supervised.
- 11) I will provide the Board with this signed form within thirty (30) business days from the commencement date of supervision, which verifies my compliance with the requirements set forth in Article 12 of Division 13.4 of Title 16, California Code of Regulations. I will provide a copy of this completed form to the assistant within forty-five (45) business days from the commencement date of supervision.
- 12) I will not supervise more than three (3) full-time equivalent support personnel, and I shall not exceed six (6) support personnel at any time.

Duties and Responsibilities of Supervisor cont'd

13) At the time of termination of supervision, I will notify the Board in writing and submit the original signed notification to the Board within fourteen (14) calendar days of termination of supervision. I will provide a copy of the completed notification to the assistant within forty-five (45) business days of termination of supervision.

SIGNATURE OF SUPERVISOR

PRINT FULL LEGAL NAME OF SUPERVISOR

LICENSE NUMBER OR CREDENTIAL NUMBER
(Please attach a copy of the front and back of your credential)

DATE

NOTICE OF COLLECTION OF PERSONAL INFORMATION

The information collected on this form may be provided to other governmental agencies, or in response to a court order, subpoena, search warrant, or Public Records Act request. You have a right of access to records containing personal information unless the records are exempted from disclosure pursuant to the Information Practices Act (Civil Code section 1798 et seq.). Individuals may obtain information regarding the location of their records by contacting the Board's Executive Officer at the Board's address listed above.

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.

_____	_____
<u>Speech Language Pathology Assistant's Name</u>	<u>SPA Number</u>
_____	_____
<u>Supervisor's Name</u>	<u>License or SSN Number</u>

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.

_____	_____	_____
<u>Printed Name of Qualified Supervisor</u>	<u>Signature of Qualified Supervisor</u>	<u>Date</u>

_____	_____	_____	_____
<u>Mailing Address: No. & Street</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>

() _____
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