



RESPONSIBILITY STATEMENT FOR SUPERVISORS OF A SPEECH-LANGUAGE PATHOLOGY ASSISTANT

INSTRUCTIONS: Complete the following sections; read the statements and sign on page 2. This form must be submitted within 14 business days from the start date of supervision. **Do not use white out or fax this form.**

PART A: SPEECH-LANGUAGE PATHOLOGY ASSISTANT INFORMATION

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

1. FULL LEGAL NAME OF SUPERVISOR:	LAST	FIRST	MIDDLE
2. SPEECH-LANGUAGE PATHOLOGY LICENSE NUMBER <u>OR</u> CLEAR CREDENTIAL ISSUE DATE			
3. STREET ADDRESS:			
CITY, STATE, ZIP CODE:			
4. EMAIL ADDRESS:			

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

PART C: SUPERVISION

5. DATE SUPERVISION BEGAN: (MM/DD/YY)	
6. ARE YOU SUPERVISING AN ASSISTANT WHO HAS MORE THAN ONE SUPERVISOR?	<input type="checkbox"/> YES <input type="checkbox"/> 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.	<input type="checkbox"/> YES <input type="checkbox"/> NO

SPEECH-LANGUAGE PATHOLOGY ASSISTANT

✦ Duties and Responsibilities of 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.

- 1) I have read and understand the excerpts of the laws and regulations, included with my application, pertaining to the responsibilities of a Speech-Language Pathology Assistant.
- 2) My supervisor shall maintain a current license issued by the Board, during the time of my supervision. If my supervisor's license expires during the course of professional experience, I will immediately notify the board. *A supervisor's license can be verified at any time at the Board's website.*

APPLICANT SIGNATURE

PRINTED NAME OF APPLICANT

DATE

✦ Duties and Responsibilities of Supervisor ✦

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.

- 1) I possess the following qualification to supervise an aide applicant: a current valid Speech-Language Pathology license issued by the Board; or (if employed by a public school) a valid, current, and professional clear credential authorizing service in language, speech, and hearing issued by the Commission on Teacher Credentialing.
- 2) I agree to ensure that either my California licensee or my clear credential is renewed in a timely manner.
- 3) 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.
- 4) I will maintain records of course completion for a period of two years from the assistant registration renewal date.
- 5) I will complete no less than six (6) hours of continuing a 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.
- 6) I have read and understand the laws and regulations pertaining to the supervision of assistants and the experience required for registration as an assistant.
- 7) I will ensure that the extent, kind, and quality of the clinical work performed are consistent with the training and experience of the assistant and shall be accountable for the assigned tasks performed by the assistant.
- 8) I will review client/patient records, monitor and evaluate assessment and treatment decisions of the 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.
- 9) I will assist with the development of a plan for the 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.
- 10) I will discuss with the assistant the manner in which emergencies will be handled.

✦ Duties and Responsibilities of Supervisor ✦
cont'd

- 11) I will provide this Board with this original signed form within 14 calendar days of commencement of any supervision. I will provide a copy of this form to the assistant.
- 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.
- 14) 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.

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