



SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY & HEARING AID DISPENSERS BOARD

1601 Response Road, Suite 260, Sacramento, CA 95815

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**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

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 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

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 their compliance with the requirements pursuant to 16 CCR section 1399.170.17.	
	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. ASSISTANT'S NUMBER OF EMPLOYMENT HOURS PER WEEK:	<input type="checkbox"/> FULL-TIME (over 30) <input type="checkbox"/> PART-TIME (under 30)

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.