



TERMINATION OF SUPERVISION FOR SPEECH-LANGUAGE PATHOLOGY ASSISTANT OR RPE

Division 13.4 of Title 16, California Code of Regulations Section 1399.153.9 and 1399.170.18 requires that at the time of termination of supervision, the supervisor shall submit this original signed form within 14 days of the termination of supervision for a Speech-Language Pathology Assistant or within 10 days of the termination of supervision for a RPE.

PLEASE CHECK APPLICABLE:

Speech-Language Pathology Assistant **RPE**

PART A – Speech-Language Pathology Assistant or RPE Information (Please Print)

1. FULL LEGAL NAME:		
LAST	FIRST	MIDDLE
2. SLPA OR RPE LICENSE NUMBER		
SLPA #	RPE #	

PART B – Supervisor Information (Please Print)

1. FULL LEGAL NAME:		
LAST	FIRST	MIDDLE
2. LICENSE NUMBER OR CREDENTIAL NUMBER		
SLP #	AU #	CREDENTIAL #

I, _____ Supervisor Name am terminating the supervision of
 _____ SLPA or RPE name effective as of _____ Effective Date

I hereby certify under penalty of perjury under the laws of the State of California that all statements made herein are true in every respect and that misstatements or omissions of material facts may be cause for denial of this application, or for suspension or revocation of a license.

Signature of Supervisor	Printed Name of Supervisor	Date
Street Address	City	State
Supervisor's Telephone Number		
Zip Code		

**DO NOT FAX THIS FORM
 THE BOARD REQUIRES ORIGINAL SIGANTURES**