

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY · GAVIN NEWSOM, GOVERNOR

SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY & HEARING AID DISPENSERS BOARD 1601 Response Road, Suite 260, Sacramento, CA 95815 P (916) 287-7915 | www.speechandhearing.ca.gov



## TERMINATION OF SUPERVISION FOR SPEECH-LANGUAGE PATHOLOGY ASSISTANT

Division 13.4 of Title 16, California Code of Regulations (CCR) section 1399.170.18 requires that at the time of termination of supervision for a Speech-Language Pathology Assistant (SLPA), the supervisor shall <u>submit this original</u> <u>signed form</u> within fourteen (14) days of the termination of supervision and provide a copy of the completed form to the SLPA within forty-five (45) business days of termination.

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

1. FULL LEGAL NAME:	LAST	FIRST		MIDDLE
2. SLPA LICENSE NUMBE	R			
ART B - Supervisor	r Information (Please F	Print)		
1. FULL LEGAL NAME:	LAST	FIRST		MIDDLE
2. LICENSE NUMBER OR	CREDENTIAL NUMBER			
SLP #	C	CREDENTIAL #		
	Supervisor Nemo		om terminating th	a auparvision of
I,	Supervisor Name		am terminating th	ie supervision of
	SLPA 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 suspension or revocation of a license.

Signature of Supervisor	Printed Name of Supervisor		Date
Street Address	City	State	Zip Code

Supervisor's Telephone Number

## DO <u>NOT</u> FAX THIS FORM THE BOARD REQUIRES ORIGINAL SIGANTURES