LOUISIANA BOARD OF EXAMINERS FOR SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY
TOWNE PARK CENTRE • 37283 SWAMP ROAD, SUITE 3B • PRAIRIEVILLE, LOUISIANA 70769
TELEPHONE: (225) 313-6358 OR (800) 246-6050
WEBSITE: WWW.LBESPA.ORG • EMAIL: TJEANMARIE@LBEDN.ORG

SLP FORM 100

Supervision for Provisional and Restricted Speech-Language Pathologists

Supervision of Provisional or Restricted Speech-Language Pathologists must include a **minimum of 16 hours annually, to be distributed throughout according to Rule 129. The direct supervision of the licensee, whether employed full-time or part-time, shall include 16 hours annually.** At least **eight (8) shall be direct observation** hours divided between the areas of diagnostics and management. Indirect supervision hours are defined in Rule 129.

Restricted and provisional speech-language pathology licensees are required to undergo direct supervision by a licensed speech-language pathologist, licensed in accordance with R.S. 37:2659. Direct and indirect supervision must occur in every work setting in which the licensee is employed. An individual may not be supervised by a provisional licensee, restricted licensee, assistant licensee, an individual on inactive status, a telehealth registrant, or an immediate family member. A supervising speech-language pathologist must have a minimum of one year of full-time professional speech-language pathology experience following thepostgraduate professional/employment experience.

Direct Supervision is defined as the supervisor observing the licensee engaging in a specified clinical activity with a patient/client in order to obtain knowledge and provide guidance regarding the supervisee's clinical work. The supervisor shall accomplish this task either by being physically present in the room or through the use of a secure live video, live stream or web cam.

Direct and indirect supervision must occur in **every work setting** in which the licensee isemployed.

Licensees must remain under supervision until official notification of licensure upgrade is received.

Full time equivalent is formulated in half, making two weeks of part-time supervision, to be the equivalent of one week of full-time supervision. Part-time postgraduate professional employment experience is defined as greater than or equal to a minimum of 15 hours per week up to 72 weeks of employment experience.

Supervisee's Name: _____

Supervisee's License Number: _____

Supervisor's Name: _____

Supervisor's License Number: _____

Place of Employment: _____

☐ FT (≥30hrs/week) ☐ PT (15- <30 hrs/week) Setting: _____

PERIOD OF SUPERVISION: _____ to _____
(Month, Day and Year) (Month, Day and Year)

Direct Supervision Hours			**Record the number of direct hours quarterly if a 12-month employee, or by semester if a 9-month employee.**			
ACTIVITY	12-month employees (min of 2 each quarter)				9-month employees (min of 4 each semester)	
	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Sem	2nd Sem
Screening						
Evaluation						
Therapy						
Family/Parent/Teacher Conferences or Consultations						
TOTAL NUMBER OF DIRECT HOURS (Minimum of 8 hours per supervised period)						

Indirect Supervision Hours			**Record the number of indirect hours quarterly if a 12-month employee, or by semester if a 9-month employee.**			
ACTIVITY	12-month employees				9-month employees	
	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Sem	2nd Sem
Review of screening results						
Review of diagnostic reports						
Review of treatment plans, IEPs, etc.						
Review of other client records						
Telephone/electronic communications						
In-service meetings/ Trainings attended by licensee						
Review of audio or video tapes relevant to specific patients/clients						
Other						
TOTAL NUMBER OF INDIRECT HOURS						

I hereby attest that the above information is true and correct and the supervision represented actually occurred. I understand that supervision records must be kept by the supervisor and supervisee for a period of 3 years and that the Board may request such documentation. I understand that submission of inaccurate or falsified supervision documentation may result in disciplinary action.

_____	_____
Supervisor's Signature	**Supervisee's Signature**
_____	_____
Supervisor's Printed Name	**Supervisee's Printed Name**
_____	_____
_____	_____
Supervisor's Address	**Supervisee's Address**