



LOUISIANA BOARD OF EXAMINERS FOR
SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY

TOWNE PARK CENTRE, 37283 SWAMP ROAD, SUITE 3B, PRAIRIEVILLE, LA 70769
PHONE: (225) 313-6358 ◦ (800) 246-6050
WWW.LBESPA.ORG ◦ EMAIL: MRICCA@LBESPA.ORG

SUPERVISION AGREEMENT FORM

Supervisee's Name _____ License Type _____ License # _____

Check the one that applies:

- Initial employment: _____ (Date) Change of supervisor(s) _____ (Date)
- Renewal of a license Addition of supervisor(s) _____ (Date)
- Termination of supervision – Supervisor's Name _____ Date _____

Guidelines:

- All individuals holding a provisional, restricted, assistant, or provisional assistant license must be supervised by a licensed audiologist or speech-language pathologist until supervisee presents proof of upgrade from the Board.
- A Supervision Agreement Form must be submitted within 30 days of any of the above-listed occurrences. Upon receipt, the Board will send acknowledgment to both supervisee and supervisor(s).
- If a licensee has more than one supervisor, all supervisors must sign a Supervision Agreement Form.
- Practice without a supervisor may result in disciplinary action for all parties.
- Direct supervision as well as indirect methods of supervision must occur in every work setting in which the licensee is employed/contracted.
- A supervising SLP must have a minimum of one year full-time professional SLP experience following the postgraduate professional/employment experience. Full time employment in a school system for the school year is considered to meet this requirement.

Supervisor Name	Lic. #	Company/School Name	Job Setting(s) (e.g. school, rehab, etc)
Supervisor's Address:			

I attest that I have completed a minimum of one year of full-time professional speech-language pathology experience following the postgraduate professional/employment experience. I understand that I am responsible for the services to the client that may be performed by this licensee and I must ensure that all services and supervision are in compliance with the Practice Act and the Rules and Regulations. If this supervisory relationship changes, I understand that the board office should receive written notification within 30 days. I hereby agree to maintain current supervision records and make them available to the Board upon request.

Supervisor's Signature: _____ Date _____

If this supervisory relationship changes, I understand that a new Supervision Agreement Form must be submitted to the board office within 30 days. I agree to maintain current supervision records and make them available to the Board upon request. I understand the supervision requirements for the license held and understand that **I MUST REMAIN UNDER SUPERVISION UNTIL MY LICENSE HAS BEEN UPGRADED.**

Supervisee's Signature: _____ Date _____