

LOUISIANA BOARD OF EXAMINERS FOR SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY

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SUPERVISION AGREEMENT FORM

Supervisee's Name	License #	Supervisor's Name	License #

Place of Employment	Employment Setting

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:	

Attestations (Please initial)				
<u>Supervisee</u>	<u>Supervisor</u>	I understand that:		
		I must familiarize myself with Rule 129 (Provisional or Restricted) or Rules 131 and 121 (Assistants or Provisional Assistants).		
		Direct and indirect supervision must occur in every work setting.		
		If this supervisory relationship changes, I understand that the board office should receive written notification within 30 days.		
		Supervisor must have completed a minimum of 1 year of full-time professional SLP experience following the postgraduate professional/employment experience. (129.B.; 131.A)		
		Supervisee must remain under supervision until the Board has granted upgrade.		
		Supervisor is responsible for the services to the client and must ensure that all services and supervision are in compliance with the Practice Act and Rules and Regulations.		
		After 3 administrative complaints have been accepted by the Board against a licensed supervisor, that supervisor may no longer be allowed to supervise for a period of 5 years.		
		I must maintain current supervision records and make them available to the Board upon request.		
		Submission of inaccurate or falsified supervision documentation may result in disciplinary action.		
		Practice without a supervisor may result in disciplinary action.		

Supervisee's Signature:

__Date: _____

Date:

Supervisor's Signature:

Supervisee must submit the signed Supervision Agreement Form through the Forms tab in Licensee Dashboard.