



**LOUISIANA BOARD OF EXAMINERS FOR  
SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY**

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## **Affidavit in Lieu of Supervision**

Applicant's Name: \_\_\_\_\_ License No: \_\_\_\_\_

Please check the appropriate box below. If a box is not selected, you will be required to resubmit and have a second document notarized for this purpose.

☐ I did not practice and/or do not intend to practice Speech-Language Pathology from July 1, 2024, to June 30, 2025. I understand that once I began working in the field, I must submit a Supervision Agreement Form within 30 days of employment.

OR

☐ I practiced for a portion of the renewal period and have uploaded my supervision forms. I did not practice from \_\_\_\_\_ to \_\_\_\_\_.

I hereby certify to the Louisiana Board of Examiners for Speech-Language Pathology and Audiology that the above statement is true and correct.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
ID#

\_\_\_\_\_  
Date

**\*Notarization Required\***