SUPERVISION AGREEMENT FORM

Supervisee Name	License #	Supervisor Name	License #

Place of Emoloyment	Employment Setting

Check the one that applies:

☐ Initial employment _____ (Date)
☐ Renewal of a license
☐ Termination of supervision - Supervisor's Name: _____ Date: _____

☐ Change of supervisor(s) _____ (Date)
☐ Addition of supervisor(s) _____ (Date)

Attestations (Please initial; anything other than initials will be rejected)

Supervisee	Supervisor	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.
		I understand that I must sign my name and be properly identified on all documents and social media in accordance with my current licensure status as SLP Assistant, Provisional SLP Assistant, Provisional SLP (PL-SLP), or Restricted SLP (R-SLP), whichever is applicable to the license I hold. I understand that the abbreviations of SLP A or PL SLP A are not allowed.

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.

_____ _____

Supervisee Signature Date Supervisor Signature Date