



LOUISIANA BOARD OF EXAMINERS FOR SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY

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SUPERVISION AGREEMENT FORM

Supervisee's Name

License Type

License #

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)

Guidelines:

- All individuals holding a provisional, restricted, assistant, or provisional assistant license must be supervised by a licensed speech-language pathologist until the Board approves supervisee's upgrade request.
A Supervision Agreement Form must be submitted within 30 days of any of the above-listed occurrences.
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.
On-site in-view supervision as well as alternative 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.

Table with 4 columns: Supervisor's Name, Lic. #, Company/School Name, Job Setting(s) (e.g. school, rehab, etc). Includes a row for 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 SUPERVISED UNTIL MY LICENSE HAS BEEN UPGRADED.

Supervisee's Signature: Date