

Application for Permit to Supervise Speech-Language Pathology Assistants

Fill out and submit this form if you **do not** have a **Speech-Language Pathology License** from **this Board** and would like to supervise Speech-Language Pathology Assistants.



Board of Examiners
For Speech-Language
Pathology & Audiology
(971) 673-0220
(971) 673-0226 fax
800 NE Oregon St
Ste 407
Portland OR 97232
www.bspa.state.or.us

To issue your permit, we need to have:

1. This form (originals, no faxes or copies, please) completed in its entirety.
2. A check or money order payable to "Oregon Speech Board" for \$125 application Fee.
3. Verification of your TSPC certificate. You can use supplement 1 on the last page of this form.

Personal / Contact Information

Name: _____
First Middle Initial Last

Maiden / Other Names Used: _____ Gender: Male Female

Soc Sec #: _____ Date of Birth: _____

Social Security Number (SSN) reporting is required by IRS per ORS 305.385 (3) relating to failure to pay or file taxes and by the Division of Child Support per ORS 25.785 relating to enforcement of child support obligations. Failure to provide your SSN will be a basis to refuse to issue the license you seek.

Although a number other than your SSN appears on the face of the licenses issued by this Board, your SSN will remain on file with the Licensing Board. This record of your SSN will be used for purposes listed above only, unless you authorize other uses of the number.

Mail to **Work Address** ****Please note: Both work and home addresses are required.****

Employer Name: _____
 Address: _____

City State Zip Code

Telephone: _____

Check the box to the left of the address you would like to receive mail at. This address will be printed on your license (this does not effect the validity of the license).

Home Address

Address: _____

City State Zip Code

Telephone: _____

Email Address: _____

Ethnicity / Bilingual Information

Provision of this information is voluntary. If you choose not to provide the information, it will have no effect on the acceptance or processing of your application or renewal.

Ethnic/Racial Background:

- Asian/Pacific Islander
 Black (not Hispanic) Hispanic
 American Indian/Alaskan Native
 White (not Hispanic)
 Other: _____

Are you bilingual?

- No Spanish French Italian German Dutch
 Scandinavian: _____ Slavic: _____
 Arabic Persian Hindi/Urdu Russian Greek
 Turkish Hebrew Japanese Chinese Korean Thai
 Cambodian Vietnamese Other: _____

About the Ethnicity Info. The 2001 Legislature passed Senate Bill 786 (ORS Chapter 973), a law which is designed to identify populations under-served by health care providers. The law requires regulatory agencies to collect and maintain licensee's racial, ethnic and bilingual information and to report this data to the Legislature.

Evidence of Meeting Qualifications

TSPC License Number: _____ TSPC Expiration Date: _____

TSPC Endorsement: _____

Have the following statement signed and dated by a third-party that can verify the information and testify to its truth.

I hereby certify that this applicant has had at least 2 years full-time professional experience as a Speech Language Pathologist.

Signature

Date

Name (print): _____ Title/Position: _____

Telephone number: _____

Read and initial the following statements, certifying that you will abide by them.

Requirement for Supervision	Sup. Initials
<p>1 For the first 90 calendar days of licensed employment, with a given employer, a minimum of 30% of all the time an assistant is providing clinical interaction must be supervised. A minimum of 20% of hours spent in clinical interaction must be directly supervised.</p>	
<p>2 Subsequent to the first 90 calendar days of licensed employment with a given employer, a minimum of 20% of all the time an assistant is providing clinical interaction must be supervised. A minimum of 10% of hours spent in clinical interaction must be directly supervised.</p>	
<p>3 The supervising speech-language pathologist must be able to be reached throughout the work day. A temporary supervisor may be designated as necessary.</p>	
<p>4 If the supervising SLP is on extended leave, an interim supervising SLP who meets the requirements stated in 335-095-0040 must be assigned.</p>	
<p>5 The caseload of the supervising speech-language pathologist must allow for administration, including speech-language pathology assistant supervision, evaluation of clients and meeting times.</p> <p>Speech-language pathology assistants may not have a caseload; therefore, all clients are considered part of the supervising speech-language pathologist's caseload. The supervising speech-language pathologist is responsible to make all diagnostic and treatment related decisions for all clients on the caseload.</p> <p>Supervision requirements must be met for all clients on the caseload who receive treatment from the speech-language pathology assistant.</p>	
<p>6 The supervising speech-language pathologist may not supervise more than the equivalent of two full-time speech-language pathology assistants.</p>	
<p>7 The supervising SLP must co-sign each page of records.</p>	
<p>8 Supervision of speech-language pathology assistants must be documented.</p> <p>(a) Documentation must include the following elements: date, activity, time spent, and direct or indirect supervision level. Each entry should be initialed by the supervising speech-language pathologist. Each page of documentation should include the supervising speech-language pathologist's signature and license number issued by this Board. Supervision documentation [and] must be retained by the [SLPA] speech-language pathology assistant for four (4) years.</p> <p>(b) Documentation must be available for audit requests from the Board.</p>	



ALL APPLICANTS must answer the Criminal / Professional Discipline Affidavit.

Criminal / Professional Discipline Affidavit

- Have you been arrested for any reason? Yes* No
- Have you been charged in court with any violation of the law (other than minor traffic violations)? Yes* No
- Have you been convicted of any violation of the law (other than minor traffic violations)? Yes* No
- Have you ever been notified of a complaint reported to another licensing agency? Yes* No
- Have you ever been the subject of any disciplinary investigation or action by another licensing agency? Yes* No
- Have you ever voluntarily surrendered or resigned a professional license/certificate? Yes* No

* If you answer yes to any of these questions, you must attach a personal statement explaining the circumstances and copies of any relevant court orders or disciplinary actions.

Pleas read [ORS 681](#) and [OAR 335](#) if you have not yet read them.

Certification

I have read the provisions of the Oregon Law (ORS 681) and Oregon Administrative Rules (OAR 335). I agree to abide by all the Laws and rules pertaining to my license. I understand that the burden of proof in meeting the requirement for licensure is upon myself and not the Board. I agree to be responsible for the collection and accuracy of required materials.

Affidavit of Applicant

I, _____, depose and say that all of the above statements are true and correct; that I am the person described and identified above and on all attached documents.

Signature of Applicant

Date

Supplement 1— Verification of TSPC Certificate



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Section A – For Applicant to Complete

Please complete this section and forward to the jurisdiction of licensure for them to complete and return to us.

Name: _____

TSPC Certificate Number: _____

I, _____, authorize the release of information from the jurisdiction below to the Oregon Board of Examiners for Speech-Language Pathology & Audiology to determine my fitness for a license there.

Signature

Date

Section B – For Licensing Entity to Complete

The licensee below has applied for a license in Oregon and indicates that they were licensed in your jurisdiction. Please fill this form out, sign, date and affix your seal to it, returning to us at:

Verifications
Oregon Speech Board
800 NE Oregon St Ste 407
Portland OR 97232

State Seal
Here

Licensee Name: _____

License #: _____

Endorsement: _____

Initial Date: _____

Expiration Date: _____

Any Legal or Disciplinary action on this license? Yes* No
* Please provide the documentation for the discipline.

Verified by: _____ **Date:** _____

Title: _____