

SLPA Supervision Change Notice



You are required to be supervised by a SLP that meets the qualifications listed in [OAR 335-095-0040](#).

The SLPA must complete sections 1 and 2, and have the supervisor complete sections 3, 4, 5 (if appropriate) and 6 (if appropriate).

You are required by OAR 335-005-0020(10) to notify the Board of changes (additions/subtractions/replacements) in your supervision within 30 days of the change.

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

Section 1

Effective Date of Change: _____

Reason for Change: _____

Section 2

Assistant Information

Name: _____
Cert #: _____ Expiration Date: _____
Phone: _____ Email: _____

Affidavit:

I have read and agree to abide by the provisions of [Oregon Administrative Rules Chapter 335, Division 95, regarding SLPA supervision](#)
(http://arcweb.sos.state.or.us/rules/OARs_300/OAR_335/335_095.html).

Signature

Date

Supervisor Information

Adding to my existing list of supervisors

Deleting: _____
Name of Supervisor removing from supervision

If no replacement is being named, you may just submit this page.

Replacing: _____
Name of Supervisor this one is replacing

Name: _____

Phone: _____ Email: _____

BSPA Lic. #: _____ Expires: _____

If qualifying via TSPC licensure with endorsement, please fill out section 5 & 6 as well.

Section 3: Requirements for Supervision

All new supervisors must read and initial the following statements, certifying that you will abide by them.

Requirements 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 a SLPA 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 a SLPA 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 SLP 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 SLP must allow for administration, including SLPA supervision, evaluation of clients and meeting times.</p> <p>SLPAs may not have a caseload; therefore, all clients are considered part of the supervising SLP's caseload. The supervising SLP is responsible to make all diagnostic and treatment related decisions for all clients on the caseload. Supervision requirements must be met for all clients on the caseload who receive treatment from the SLPA.</p>	
<p>6 The supervising speech-language pathologist may not supervise more than the equivalent of two full-time SLPAs.</p>	
<p>7 The supervising SLP must co-sign each page of records.</p>	
<p>8 Supervision of SLPAs must be documented.</p> <p>(a) Documentation must include the following elements: date, activity, clinical interaction hours, and direct or indirect supervision hours.</p> <p>Clinical logs documenting supervision must be completed and supervision hours calculated for each calendar month for each caseload.</p> <p>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 numbers issued by this Board and the Teacher Standards and Practices Commission if applicable. Supervision documentation must be retained by the speech-language pathology assistant for four (4) years.</p> <p>(b) Documentation must be available for audit requests from the Board.</p>	

Section 4: Supervisor Certification

I have read the provisions of Oregon Administrative Rules [Chapter 335, Division 95](#) and agree to abide by them. I certify that the information submitted on this form is true and correct and that I am the person identified as the supervisor on this form.

The Board audits SLPA supervision annually to ensure compliance with the OARs. If you have any questions regarding SLPA supervision rules, please contact us.

Signature of Supervisor

Date

Section 5: TSPC License Information for New Supervisor

Only fill out this section if the new supervisor is qualifying via TSPC licensure.

TSPC License Number: _____

TSPC Expiration Date: _____

TSPC License Type and Endorsement: _____

Note: Work experience while holding a restricted transitional license, conditional assignment permit, or other provisional license issued by the TSPC is excluded from qualifying work experience.

Method of Qualification for Supervision of SLPAs (check one and follow instructions under it)

Initially licensed by the Teacher Standards and Practices Commission prior to 1999

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 individual has a minimum of 5 years of professional work experience in speech-language pathology within the last 10 years, performed while he/she held an active basic or standard teaching license with an endorsement in standard speech impaired or an initial or continuing teaching license with an endorsement in communication disorders issued by the Teacher Standards and Practices Commission.

Signature of third party

Date

Name (print): _____ Phone: _____

Title/District: _____ Email: _____

OR

Initially licensed by the Teacher Standards and Practices Commission in 1999 or after

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 individual has a minimum of 2 years of professional work experience in speech-language pathology following completion of their graduate degree in Speech-Language Pathology or Communication Disorders.

Signature of third party

Date

Name (print): _____ Phone: _____

Title/District: _____ Email: _____

If you do not hold licensure from BSPA please provide your demographic / contact information on the following page. >>

Section 6: Contact Information for TSPC-Licensed Supervisor

Please complete this contact information if you do not hold BSPA licensure.

Name: _____
First Middle Initial Last

Maiden / Other Names Used: _____ Gender: Male Female

Work Address

Employer Name: _____

Address: _____

City State Zip Code

Telephone: _____

Home Address

Address: _____

City State Zip Code

Telephone: _____

Email: _____

SLP degree/date: _____

Have you been granted ASHA CCC's? yes no