

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.oregon.gov/bspa

SLPA Supervision Change Notice

Effective Date of Change: ______ Begin/End supervision: _____

PLEASE READ CAREFULLY - Only complete this form if both the SLP & SLPA signing have read all of ORS 681.370 & OAR 335.095 related to SLPA supervision and can comply with them. The use of an SLPA must meet all requirements listed in ORS 681 & OAR 335. Per ORS 681.490 the Board may issue license sanctions and/or civil penalties of up to \$5,000 per violation of all applicable statutes and rules.

The SLP & SLPA must complete this form with all applicable information and sign the form. If ending supervisory connection, the form can be signed by either SLP or SLPA.

SLPAs are required by OAR 335-005-0020(10) to notify the Board of changes (beginning, ending, or temporary) in supervision within 30 days of the change. This form can be submitted by fax or email attachment. Please update any contact information such as email or address in the Licensee Portal on the website www.oregon.gov/bspa

Speech-Language	Pathologist	Information		
Name:				
License #:			ation Date:	
Phone:	Phone: Email:		:	
Speech-Language	Pathology A	ssistant Inform	ation	
Name:				
Cert #:	#: Expiration Date:			
Phone:	Phone: Email:			
List all supervision w	vorksites (if thro	ough another 3rd p	arty please list bot	th – attach additional pages if necessary)
Employer Na	ime:			
Location:				
Address:				
City	State	Zip Code	Telephone:	
I understand that the responsibility for the provide services to so pathologist is responsionable path who receive services aspeech-language path speech-language pathologist.	e caseload belo individuals on t tudents/clients/po ible to make all o ology assistants from a speech-lo hology assistant	ongs to the superv he caseload. Speech atients of non-supe diagnostic and treath assigned to assist v anguage pathology and be responsi	ising speech-langt h-language patholo rvising speech-lan ment related decisio with that caseload. assistant receive p ble for the exten	
SLP Signature				Date
SLPA Signature				Date