

SLPA Supervision Change Notice



STOP - Only complete this form if you and your supervisor have read all of ORS 681 & OAR 335 and agree to abide by 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. (www.Oregon.gov/BSPA)

Board of Examiners
For Speech-Language
Pathology & Audiology
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Ste 407
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The SLPA and supervising SLP must complete this form with all applicable information and sign the form and affidavit statements.

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. This form can be submitted by fax or email attachment.

Assistant Information

Name: _____

Cert #: _____ Expiration Date: _____

Phone: _____ Email: _____

Work Address

Employer Name: _____

Address: _____

City State Zip Code Telephone: _____

List all worksites (if different than employer address– attach additional pages if necessary)

Location: _____

Address: _____

City State Zip Code Telephone: _____

Affidavit:

I have read and agree to abide by the provisions of [Oregon Revised Statutes 681](#) & [Oregon Administrative Rules Chapter 335](#). I understand that Speech-language pathology assistants may not have a caseload; therefore, all patients/students/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. Supervision requirements must be met for all clients on the caseload who receive treatment from the speech-language pathology assistant. I understand that I may not write, develop, or modify a patient/client's treatment plan in any way nor provide intervention for patients/clients without following the treatment plan prepared by the supervising speech-language pathologist.

SLPA Signature

Date

Please provide a list of all SLPs you are currently assisting. Be sure to include the specific school and/or clinic location of the caseload(s).

SLP Name:	License #:	Employer:	Caseload work site (School/Clinic name):

New Supervisor Information

Adding to my existing list of supervisors

Deleting: _____
Name of Supervisor removing from supervision

Replacing: _____
Name of Supervisor this one is replacing

Effective Date of Change: _____

Reason for Change: _____

Name: _____ License # - BSPA or TSPC (not ASHA) _____

Degree: _____ Have ASHA CCCs? Yes No Years Experience: _____

Supervising Speech-Language Pathologist Work Address

Employer Name: _____

Address: _____

City State Zip Code Telephone:

Email

List all SLP worksites - all school names, clinics, etc. (if different than employer address– attach additional pages if necessary)

Location: _____

Address: _____

City State Zip Code Telephone:

Location: _____

Address: _____

City State Zip Code Telephone:

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 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>2 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>3 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>4 Ensure that persons who receive services from a speech-language pathology assistant receive prior notification that services are to be provided by a speech-language pathology assistant.</p>	
<p>5 The supervising SLP must be able to be reached throughout the work day. A temporary supervisor may be designated as necessary.</p>	
<p>6 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>7 The caseload of the supervising SLP must allow for administration, including SLPA supervision, evaluation of clients and meeting times.</p>	
<p>8 The supervising speech-language pathologist may not supervise more than the equivalent of two full-time SLPAs.</p>	
<p>9 The supervising SLP must co-sign each page of records.</p>	
<p>10 Supervision of SLPAs must be documented. (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>	

Supervisor Certification

I have read Oregon Revised Statutes [681](#) and Oregon Administrative Rules [Chapter 335](#) 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