

SOUTH CAROLINA DEPARTMENT OF LABOR, LICENSING AND REGULATION
Board of Examiners in Speech-Language Pathology and Audiology

SUPERVISORY AGREEMENT
SPEECH-LANGUAGE PATHOLOGY ASSISTANT

Applicant/Licensee Name	Social Security #	License #

Speech-Language Pathology Assistant

When applying for a license as an assistant, renewing that license or with a change in supervision, the licensed speech-language pathologist must submit a notarized statement accepting supervisory responsibilities. To be licensed and to practice as a speech-language pathology assistant, the speech-language pathology assistant must have a licensed supervisor. A speech-language pathology assistant may renew a license even though the assistant does not have a supervisor. However the assistant may not practice until a supervisor is obtained and a supervisory agreement is approved by the board office. Practice without a supervisor may result in disciplinary action. Assistants who are not supervised by a licensed speech-language pathologist must inform the board office immediately. When another supervisor and a completed, notarized supervisory agreement is accepted by the board office, a letter authorizing the resumption of practice will be sent to the licensee.

Supervisor

The following information and statement must be completed by each licensed supervisor on a separate form and submitted to the board office with application, renewal or change of supervision.

Supervisor Name	Title	Lic. #	Location	Soc. Security #
Company		Location		Setting
Mailing Address		City State Zip Code		Telephone

If supervisory responsibility is shared, please provide us with the name(s) of the other supervisor(s).

I UNDERSTAND THAT I AM RESPONSIBLE FOR THE SERVICES TO THE CLIENT THAT MAY BE PERFORMED BY THIS ASSISTANT AND THAT I MUST ENSURE THAT ALL SERVICES ARE IN COMPLIANCE WITH THE PRACTICE ACT. I ALSO UNDERSTAND THAT I MUST KEEP CURRENT JOB DESCRIPTIONS, ON-THE-JOB TRAINING, QUARTERLY REVIEW AND PERFORMANCE RECORDS. THESE RECORDS MUST BE MADE AVAILABLE TO THE BOARD WITHIN 15 DAYS OF THE DATE OF THE BOARD'S REQUEST FOR SUCH RECORDS. IF THIS SUPERVISORY RELATIONSHIP CHANGES, I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO IMMEDIATELY NOTIFY THE BOARD OFFICE IN WRITING.

 Supervisor's Signature

 Date

SWORN AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 200_____.

_____ MY COMMISSION EXPIRES _____.

(Affix Seal Here)