

LETTER OF AGREEMENT FOR THE SUPERVISED PRACTICE  
OF AUDIOLOGY ASSISTANT

This is to be completed by the licensed audiologist.

I, \_\_\_\_\_ do hereby consent to supervise,  
\_\_\_\_\_ as an assistant. I acknowledge that I have  
read and that I do understand the laws and Rules of the Board pertaining to  
the use of supervised assistants. I agree to conduct the supervision of the  
above-named applicant according to the laws, rules, and ethics applicable to  
practice as an assistant. I assert that in making this agreement, I take full  
legal and ethical responsibility for this applicant's assistant activities and  
services as provided in the Rules of the Board. I agree to notify the Board  
when I am no longer supervising the aforementioned assistant authorization.

\_\_\_\_\_  
Signature of Licensed Supervisor

\_\_\_\_\_  
Date Signed

LETTER OF AGREEMENT FOR THE SUPERVISED PRACTICE  
OF AUDIOLOGY ASSISTANT

This is to be completed by the assistant.

I, \_\_\_\_\_ hereby apply to the Oklahoma State Board of Examiners for Speech-Language Pathology and Audiology for approval to work under the supervision of \_\_\_\_\_.

I acknowledge that I have read and do understand the Board Statutes and Rules, specifically those provisions pertaining to the supervised practice under the direction of a licensed audiologist. I agree to conduct myself according to the laws, rules, and ethics applicable to such work. I further assert that I understand that approval granted by the Board is for supervised assistant activities and services only, and that any representation to the public that I am an independent practitioner will lead to automatic revocation of authorization.

\_\_\_\_\_  
Signature of Assistant

\_\_\_\_\_  
Date Signed