LETTER OF AGREEMENT FOR THE SUPERVISED PRACTICE OF SPEECH-LANGUAGE PATHOLOGY OR AUDIOLOGY ASSISTANT

This is to be completed by the licensed speech-language pathologist or audiologist.

I, _____, consent to supervise _____ during licensure 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 licensee.

_____
Signature of Licensed Supervisor

STATE OF _____:

COUNTY OF _____:

Subscribed and sworn to before me by _____
To certify which, witness my hand and seal of office this _____ day of _____, 20____.

_____ SEAL
Notary Public

My Commission expires: _____

My Commission number: _____

LETTER OF AGREEMENT FOR THE SUPERVISED PRACTICE OF SPEECH PATHOLOGY OR AUDIOLOGY ASSISTANT

This is to be completed by the assistant.

I, _____ 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 speech-language pathologist or 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 Licensure.

_____
Signature of Assistant

STATE OF _____:

COUNTY OF _____:

Subscribed and sworn to before me by _____
To certify which, witness my hand and seal of office this _____ day of _____, 20____.

_____ SEAL
Notary Public

My Commission expires: _____

My Commission number: _____