

Speech Language Pathology Assistant - Supervision Form

In accordance with Minnesota Statutes, section 13.41 (<https://www.revisor.mn.gov/statutes/cite/13.41>), all data submitted on this license application shall be classified public information upon issuance of a license.

Under Minnesota Statutes 148.5181, to be eligible for speech-language pathology assistant licensure, an applicant must submit to the commissioner the following.

Applicant Information

Applicant name: _____
(Last Name) (First Name) (Middle Name)

Date of birth (dd/mm/yyyy): _____

Home address: _____

Employment address: _____

Home/Cell phone number: _____ Employment phone number: _____

Email address: _____

Supervising Speech Language Pathologist Information

Supervising speech language pathologists are required to complete this form. Applications for speech language pathology assistant without supervision information will not be processed.

Supervisor's name: _____

Supervisor's license number: _____

Supervisor's telephone number: _____

Supervisor's email: _____

Employer name: _____

Employer address: _____

City/State/Zip: _____

Employer telephone number: _____

Supervisor Acknowledgement

- ☐ I acknowledge, as outlined in 148.5192 Subd. 3., A supervising speech-language pathologist shall authorize and accept full responsibility for the performance, practice, and activity of a speech-language pathology assistant. The amount and type of supervision required must be based on the skills and experience of the speech-language pathology assistant. A minimum of one hour every 30 days of consultative supervision time must be documented for each speech-language pathology assistant.
- ☐ I acknowledge, as a licensed speech-language pathologist, I may delegate duties to a licensed speech-language pathology assistant in accordance with section 148.5192 Subdivision 1. following an initial introduction to a client with the speech-language pathologist and speech-language pathology assistant present.
- ☐ I acknowledge, a speech-language pathology assistant may perform only those duties delegated by a licensed speech-language pathologist and must be limited to duties within the training and experience of the speech-language pathology assistant.
- ☐ I acknowledge, once every 60 days, as the supervising speech-language pathologist, I must treat or cotreat with the speech-language pathology assistant each client on the speech-language pathology assistant's caseload.
- ☐ I acknowledge, that for purposes of this section, "direct supervision" means observation and guidance by the supervising speech-language pathologist during the performance of a delegated duty that occurs either on-site and in-view or through the use of real-time, two-way interactive audio and visual communication. The supervision requirements described in section 148.5192 Subd. 3. are minimum requirements. Additional supervision requirements may be imposed at the discretion of the supervising speech-language pathologist.
- ☐ I acknowledge, that as a supervising speech-language pathologist, I must be available to communicate with the speech-language pathology assistant at any time the assistant is in direct contact with a client.
- ☐ I acknowledge, that as a supervising speech-language pathologist, I must document activities performed by the assistant that are directly supervised by the supervising speech-language pathologist. At a minimum, the documentation must include:
- information regarding the quality of the speech-language pathology assistant's performance of the delegated duties; **and**
 - verification that any delegated clinical activity was limited to duties authorized to be performed by the speech-language pathology assistant under this section.
- ☐ I acknowledge, that as a supervising speech-language pathologist, I must review and cosign all informal treatment notes signed or initialed by the speech-language pathology assistant.
- ☐ I acknowledge, that as a full-time speech-language pathologist, I may supervise no more than two full-time, speech-language pathology assistants or the equivalent of two full-time assistants.
- ☐ I acknowledge, that any agency or clinic that intends to utilize the services of a speech-language pathology assistant must provide written notification to the client or, if the client is younger than 18 years old, to the client's parent or guardian before a speech-language pathology assistant may perform any of the duties described in this section.
- ☐ I attest, that as a supervising speech-language pathologist, I hold a valid speech language pathologist license; obtained a certificate of clinical competence from the American Speech-Language-Hearing Association or its equivalent as approved by the commissioner; and have completed at least ten hours of continuing education in supervision.

Supervisor's name (print): _____

Signature of supervisor: _____

Date: _____