Kentucky Board of Speech-Language Pathology and Audiology
Public Protection Cabinet – Department of Professional Licensing
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CHANGE IN SUPERVISION

☐ **INTERIM SLP-ASSISTANT** ☐ **SLP- ASSISTANT**

SECTION 1: SPLA LICENSEE INFORMATION

Name of SLPA Licensee: _____ SLP-A Licensee Number: _____

Email Address: _____ Telephone Number: _____

School System & School Name: _____ Facility Phone Number: _____

Address: Street _____ City: _____ State: _____ Zip Code: _____

Date of Supervision Change: _____ Former Supervisor: _____

Former Supervisor's License Number: _____

Or Former Supervisor's Teacher Certificate Number: _____

I do hereby swear and affirm that all information on this document is true and correct to the best of my knowledge:

Licensee Signature: _____ Date: _____

SECTION 2: SUPERVISOR INFORMATION

Supervisor Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Work Number: _____

Place of Employment: _____

KY License Number: _____ Date Granted: _____ Expiration Date: _____

KY Teacher Certification Number:_____ Date Granted: _____ Expiration Date: _____

Beginning Date of Supervision: _____

Agreement to Provide Supervision:

I do hereby agree to provide supervision as required by KRS 334.035 (2) and as defined by 201 KAR 17:025 Section 2 and 201 KAR 17:027 for the above-named licensee to function as a Speech Language Pathology Assistant. I further agree to accept the responsibility for the practice and activities of the above-named individual in his/her capacity as a Speech Language Pathology Assistant.

I acknowledge that failure to utilize this person appropriately as a Speech Language Pathology Assistant and to supervise in accordance with the above cited provisions of Chapter 334A of the Kentucky Revised Statutes and the administrative regulations promulgated there under, shall be considered as aiding and abetting an unlicensed person to practice Speech Language Pathology as described in KRS Chapter 334A. I represent that I have read and understand the statutes and regulations related to licensure in Speech Language Pathology and Audiology.

SUPERVISOR'S SIGNATURE: _____ DATE: _____