



SLPA SUPERVISOR UPDATE NOTIFICATION

CURRENT INFORMATION REGARDING

SLPA'S EMPLOYER, THE SUPERVISING SLP, AND LOCATION(S) WHERE SLPA PROVIDES SERVICES

(IF SERVICES ARE PROVIDED AT MORE THAN ONE LOCATION, COMPLETE A SEPARATE COPY OF THIS FORM FOR EACH LOCATION.)

EFFECTIVE DATE _____ :	
NAME OF SLPA LICENSEE:	SLPA LICENSE #: SLPA
SLPA LICENSEE ATTESTATION: I CERTIFY THAT THE INFORMATION PROVIDED ON THIS FORM IS TRUE AND ACCURATE AND UNDERSTAND THAT I MUST BE SUPERVISED AT <u>ALL</u> TIMES OF SERVICE PROVISION IN ACCORDANCE WITH ARIZONA LAW (A.R.S. §36-1940.04 (E)).	
_____ SIGNATURE OF SLPA LICENSEE	_____ DATE
NAME OF EMPLOYER:	EMPLOYER PHONE:
ADDRESS OF EMPLOYER:	EMPLOYER FAX:
NAME OF SERVICE LOCATION:	
FULL <u>PHYSICAL</u> ADDRESS OF SERVICE LOCATION:	
PHONE NUMBER OF SERVICE LOCATION:	FAX NUMBER OF SERVICE LOCATION:
NAME OF PRIMARY SUPERVISING SLP AT THIS SERVICE LOCATION:	ADHS LIC. # OF PRIMARY SUPERVISING SLP:
<p>PRIMARY SUPERVISING SLP ATTESTATION: I CERTIFY THAT I AM THE PRIMARY SUPERVISING SLP FOR THIS SLPA LICENSEE AND UNDERSTAND THAT I AM REQUIRED BY ARIZONA LAW TO ENSURE THE FOLLOWING IN ACCORDANCE WITH A.R.S §36-1940.04(E)(F)(G):</p> <p>E. All services provided by a speech-language pathology assistant shall be performed under the direction and supervision of a speech-language pathologist licensed pursuant to this chapter.</p> <p>F. A licensed speech-language pathologist who supervises or directs the services provided by a speech-language pathology assistant shall:</p> <ol style="list-style-type: none"> 1. Have at least two years of full-time professional experience as a licensed speech-language pathologist. 2. Provide direction and supervision to not more than two full-time or three part-time speech-language pathology assistants at one time. 3. Ensure that the amount and type of supervision and direction provided to a speech-language pathology assistant is consistent with the individual's skills and experience, the needs of the patient, client or student served, the setting in which services are provided and the tasks assigned and provide: <ol style="list-style-type: none"> a) A minimum of twenty per cent direct supervision and ten per cent indirect supervision of all of the time that a speech-language pathology assistant is providing services during the first ninety days of the person's employment... b) Subsequent to the first ninety days of a speech-language pathology assistant's employment, a minimum of ten per cent direct supervision and ten per cent indirect supervision of all of the time a speech-language pathologist assistant is providing service... 4. Inform a patient, client or student when the services of a speech-language pathology assistant are being provided. 5. Document all periods of direct and indirect supervision provided to a speech-language pathology assistant. <p>G. If more than one speech-language pathologist provides supervision to a speech-language pathology assistant, one of the speech-language pathologists shall be designated as the primary supervisor who is responsible for coordinating any supervision provided by other speech-language pathologists.</p>	
_____ SIGNATURE OF PRIMARY SUPERVISING SLP (REQUIRED FOR STARTING AND RENEWAL)	_____ DATE