



Board of Speech-Language Pathology & Audiology Audiology Assistant Collaborative Practice Agreement

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Refer to Rule 64B20-4.003(7), F.A.C., for a description of the audiology assistant's duties. Refer to Rule 64B20-4.003(9) and 64B20-4.004(4-5), F.A.C., for a description of the audiologist's duties.

Audiology Assistant Name: _____ License #: _____

Address: _____

Telephone: _____

I. Supervising Licensee	
Supervising Licensee Name:	
License Number:	Business Phone:
Business Address:	
II. Additional Practice Locations (Add additional pages as necessary)	
Office or Agency Address:	
Office or Agency Address:	
III. Competency Evaluation Period	
Office or Agency Address Where Experience Occurred:	
Office or Agency Additional Address:	
Beginning (MM/DD/YYYY):	Ending (MM/DD/YYYY):
Average number of hours the applicant worked per week:	
IV: Description of Audiology Assistant Duties (Check all services in which the Audiology Assistant has demonstrated competency)	
<input type="checkbox"/>	Conduct basic hearing testing without diagnostic interpretation, including air and bone conduction thresholds and speech audiometry.
<input type="checkbox"/>	Conduct impedance audiometric testing.
<input type="checkbox"/>	Assist in the evaluation of difficult-to-test patients.
<input type="checkbox"/>	Record case history information.
<input type="checkbox"/>	Assist in conducting real ear measurements.
<input type="checkbox"/>	Assist in ABR, ENG, and otoacoustic emissions testing.
<input type="checkbox"/>	Report changes in client performance to the audiology licensee responsible for that client.
<input type="checkbox"/>	Participate with the audiology licensee in research projects, in-service training, in public relations programs, or similar activities as planned, designed, and directed by the audiology licensee.
<input type="checkbox"/>	Assist in implementing a plan or program for management and/or treatment developed by the supervising audiology licensee.

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Audiology Assistant Name: _____ License #: _____

CERTIFICATION:

I have discussed the Audiology Assistant Collaborative Practice document with the assistant and recommend the assistant to enter into a Written Protocol Agreement. I attest the competency of the assistant to perform duties for which the assistant has been specifically trained and is authorized to perform under Chapter 468, Part I, F.S., and Rule 64B20-4.003 and Rule 64B20-4.004, F.A.C.

I certify that the above information is true and correct to the best of my knowledge.

Supervising Licensee Signature

Date (MM/DD/YYYY)

I have read and discussed this protocol with my evaluator. I certify that the above information is true and correct to the best of my knowledge.

Assistant Signature

Date (MM/DD/YYYY)

The supervising licensee shall make provisions for emergency situations including the designation of another licensee who has agreed to be available to provide supervision to the assistant when the supervising licensee is not available acting pursuant to Board of Speech Language Pathology and Audiology approved protocols as established in Rule 64B20-4.0046, F.A.C.

The record signed by both the licensee and the assistant and a copy thereof shall be provided to the assistant and shall be maintained by the supervising licensee and the assistant for the duration of employment working under the protocol and shall be maintained by the assistant and supervising licensee for four years after termination of employment. Upon request of the department or board, the supervising licensee and the assistant shall produce the documentation of competency records required in Rule 64B20-4.003, F.A.C.

This form is *not transferable*.

Written Protocol: An Audiology Assistant Collaborative Practice Agreement is valid for one year from date of certification.