

Board of Speech-Language Pathology and Audiology Assistant Activity and Supervisory Plan

This form is to be used for new assistants, supervisory updates, and deletions of a supervisory relationship.

Both the assistant and supervisor are required to review the laws and rules for the profession. The laws and rules can be found on the Board's website at: www.doh.state.fl.us/mqa/speech

Check one: New Assistant (applying for licensure)
 Change in Supervisor (new supervisor)
 Deletion of Supervisory Relationship

Check one: Speech-Language Pathology
 Audiology

Assistant's Information:	Supervisor's Information:
Name: _____	Name: _____
Address: _____ _____	Business Name: _____
Phone: _____	Business Address: _____ _____
Email: _____	Business Phone: _____
Supervision will be: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Email: _____
License Number: _____	License Number: _____
	Anticipated Start Date: _____

Supervisor's Signature:

I _____ have reviewed, with my assistant, Chapter 468, Part I, Chapter 456, Florida Statutes, and Title 64B20, Florida Administrative Code (F.A.C.). I understand my responsibilities as a registered supervisor of an assistant and understand that any violation of the laws or rules may result in disciplinary action against my license. I also understand that the assistant shall engage **only** in those services that are listed in Rule 64B20-4.003, F.A.C.

Supervisor's Signature: _____ Date: _____

Assistant's Signature:

I _____ have reviewed, with my supervisor, Chapter 468, Part I, Chapter 456, Florida Statutes, and Title 64B20, Florida Administrative Code (F.A.C.). I understand my responsibilities as a registered assistant and understand that any violation of the laws or rules may result in disciplinary action against my license. I also understand that I shall engage **only** in those services that are listed in Rule 64B20-4.003, F.A.C.

Assistant's Signature: _____ Date: _____

The **supervisor** must return this form to:

Board of Speech-Language Pathology and Audiology
4052 Bald Cypress Way, Bin C06
Tallahassee, FL 32399-3256