

LETTER OF AGREEMENT FOR THE SUPERVISED PRACTICE
OF SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY

This side is to be filled out by the licensed pathologist. The other side is to be filled out by the person completing his, or her, supervised experience.

I, _____ do hereby consent to supervise _____ during the completion of his, or her, supervised experience. I do hereby acknowledge that I have read and that I do understand the laws and Rules of the Board pertaining to the use of supervised staff members. I agree to conduct the supervision of the above-named applicant according to the laws, rules, and ethics applicable to private practice. I do further assert that in making this agreement, I do take full legal and ethical responsibility for this applicant's speech-language pathology and/or audiology activities and services as provided in the Rules of the Board.

Signature of Licensee

STATE OF _____:

COUNTY OF _____:

Subscribed and sworn to before me by _____
to certify which, witness my hand and seal of office this _____ day of _____, 20____.

SEAL

Notary Public

My Commission expires _____.

(OVER)

LETTER OF AGREEMENT FOR THE SUPERVISED PRACTICE
OF SPEECH PATHOLOGY AND/OR AUDIOLOGY

This side is to be filled out by the person completing his, or her, supervised experience. The other side is to be filled out by the licensed pathologist.

I, _____ hereby apply to the Oklahoma State Board of Examiners for Speech-Language Pathology and Audiology for approval to work under the supervision of _____. I do hereby acknowledge that I have read and do understand Board Statutes (Title 59 O.S. 1991, and supp. 1999, 1601 et seq.) and Rules (OAC 690:1-1-1 et seq.) specifically those provisions pertaining to supervised practice under the direction of licensed speech-language pathologists and/or audiologists. I agree to conduct myself according to the laws, rules, and ethics applicable to such work. I further assert that I understand that approval granted by the Board is for supervised speech-language pathology and/or audiology activities and services only, and that any representation to the public that I am an independent practitioner will lead to automatic revocation of approval to work.

Signature of Applicant

STATE OF _____ :

COUNTY OF _____ :

Subscribed and sworn to before me by _____
to certify which, witness my hand and seal of office this _____ day of
_____, 20____.

SEAL

Notary Public

My Commission expires _____.