STATE BOARD OF EXAMINERS IN SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY

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APPLICATION FOR FILING AUDIOLOGY OR SPEECH-LANGUAGE PATHOLOGYASSISTANTS

Application must be filed within 30 days of employment or change of employment or change of supervision. There is no fee to file this application. The application must be submitted with original signatures. **Faxed copies and/or photocopies are not acceptable.**

LICENSEE INFORM	<u>IATION</u>				
NAME OF LICENSEE	:	AST)		(ED CT)	240
	•	,		(FIRST)	(MI)
LICENSE NUMBER:	SL			E-MAIL ADRESS_	
	AT				
ADDREGG					
ADDRESS:		(S	STREET)		
	(0	CITY)		(STATE)	(ZIP CODE)
TELEPHONE NUMBE	ER: (_	
NAME OF ASSISTAN	T				
	(]	LAST)		(FIRST)	(MI)
ADDRESS:			STREET)		
		(5)	OIREEI)		
	(CITY)			(STATE)	(ZIP CODE)
E-MAIL ADDRESS: _			SOCIAL SECUR	ITY NUMBER	
DATE OF BIRTH			_		
NAME OF EMPLOYE	R:				
	(1	LAST)		(FIRST)	(MI)
ADDRESS:		(S	STREET)	<u>-</u>	
		(5)	TRLL1)		
(CI	ГҮ)			(STATE)	(ZIP CODE)
Area(s) of training:					
AUDIOL	OGY	SPEECH_I	ANGUAGE PATHOLOG	.v	

NOTE: A licensed speech language pathologist, audiologist, or teacher of the hearing impaired may supervise no more than three assistants.

Revised 09/14

Minimum education, experience, and training requirements for speech language pathology assistants and audiology assistants.

The licensee shall assure the assistant has met one of the following requirements:

- (1) The assistant has completed 30 semester hours or the equivalent from an accredited institution of higher education in the area of speech-language and hearing as outlined in the requirements as specified (nonaudited) for a certificate of clinical competence from the Council for Clinical Certification of the American Speech-Language and Hearing Association or
- (2) The assistant has practiced as an assistant in the area of speech-language and hearing since at least June 8, 1989, under the supervision of an audiologist or speech-language pathologist licensed in this Commonwealth or
- (3) The assistant has practiced as an assistant in the area of speech-language and hearing since at least June 8, 1989, under the supervision of an audiologist or speech-language pathologist licensed in another state or the District of Columbia, which has requirements for assistants substantially equivalent to the provision of this subchapter.

I certify thathe/she has read the rules and regulation	ons which pertain to assist	has met the above requirements and that	
no sile nus reud une rures una regulada	ons which pertuin to usorst		
(Signature of Licensee)	(Date)	(Name of Licensee, typed or printed)	
each assistant the licensees competency-based skill acc formal coursework, worksh all areas of activities, which speech-language pathology given. An assistant is not p	supervises, and shall the quisition, in accordance nops or directly supervised the assistant will perform a dependent of the perform a dependent of the perform a dependent of the perform and the perform and the perform a dependent of the perform and the performance of the	shall perform a task analysis of the expected duties of n train the assistant, with an emphasis on with this analysis. Training may be provided through ed observation or practicum; training shall encompass orm. An assistant trained in one area (audiology or s in another area, unless training in that area has been uty for which, in the opinion of the licensed fied. A minimum of 20 hours of practical training for	
I certify that I have read the rules a	and regulations, which po	ertain to assistants.	
(Signature of Assistant)	(Date)	(Name of Assistant, typed or printed)	