

## South Carolina Department of Labor, Licensing and Regulation

## **South Carolina Board of Examiners in Speech-Language Pathology and Audiology**

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## SUPERVISOR AGREEMENT AND PROJECTED ON-THE-JOB-TRAINING FOR SPEECH-LANGUAGE PATHOLOGY ASSISTANTS (Required Form)

If submitting this form with an initial application, no additional fee is needed.

If submitting this form after licensure in order to add or change your supervisor, log into <a href="https://eservice.llr.sc.gov/DocumentSubmission">https://eservice.llr.sc.gov/DocumentSubmission</a>, upload form, and pay the \$25 fee.

Applio	cation Type:  New Applicant (no fee	e needed)	Add a Supervisor (\$25 fee)	Chang	ge a Supervisor (\$25 Fee)	
Emplo	oyment Type:	- 110000	1144 4 2 ap 11 112 (4 <b>2</b> 0 100)	Simile	ς α ευροινίασι (φ <b>2</b> υ 1 ου)	
	Full-Time Position	Part-T	ime Position			
APPL	ICANT/ ASSISTANT 1	INFORMATIO	N			
	;					
	digits of social:					
	_		Electise 14d	<u> </u>	(If applicable)	
SUPE	RVISOR INFORMAT	ION				
Name:			Title:	Title:		
Licens	e Number (Required): _		Phone:	Phone:		
Numb	er of SLP Assistants Cur	rently Supervising	ng: Full-Time:		Part-Time:	
11 supe	ervisory responsibility is	snared, provide	us with the name(s) and licens	se numbers	of the other supervisor(s).	
Name:		License No.:_	Name:		License No.:	
EMPI	LOYMENT INFORMA	ATION				
Company:			Phone:			
Physic	eal Location (No PO Boxes	, include city, state, z	zip):			
Mailin	g Address (if different):		(Include City, State and Zip code)			
	<i>'</i>		(Include City, State and Zip code)			
Proposed Start Date:			Setting (Se	Setting (See below):		
Туре	Description	Type	Description	Туре	Description	
1	Private Practice	7	Habilitation Facility	13	Out-Patient Facility	
2	Physician's Office	8	Home Health	14	Academic Setting	
3	Hospital	9	Nursing Home	15	Military Setting	
4	Public School	10	Other Government Facility	16	Hearing Aid Dealer or	
5	Private School	11	Other Private Facility		Franchiser	
6	Dehabilitation Facility	12	Unknown	17	Industrial Setting	

## **ON-THE-JOB TRAINING AND SUPERVISION:**

Note: The activity plan must comply with Regulation 115-(2)(E) and (F)

Activity to be Performed by Assistant	How Activity will be Taught/Supervised	
Conduct speech-language or hearing screenings	<ul> <li>Supervisor will model procedures/ techniques for appropriate speech language and/or hearing screenings.</li> <li>Assistant will observe Supervisor and implement techniques learned.</li> <li>Supervisor will review, monitor and give feedback related to skills.</li> </ul>	
2. Implements plan of care designed by the supervisor	<ul> <li>Supervisor and Assistant will meet to review and evaluate Plan of care for each client prior to start of services.</li> <li>Assistant will provide direct implementation as supervisor observes and provides feedback during weekly meetings.</li> <li>Co-treat and observe with clients to analyze progress as needed.</li> </ul>	
3. Records information relative to client performance	<ul> <li>Supervisor will provide examples of adequate documentation for Assistant to follow, monitor and observe weekly.</li> <li>Assistant will complete session record to document client performance for every session.</li> <li>Supervisor and Assistant will review and critique documentation for client performance and progress.</li> </ul>	
4. Maintain clinical records	<ul> <li>Supervisor will provide sample clinical records for Assistant and provide feedback for proper procedure to meet internal and external compliance.</li> <li>Supervisor and Assistant will conduct periodic internal file audit.</li> <li>Supervisor and Assistant will review and critique documentation for compliance on a regular scheduled basis.</li> </ul>	
5. Report changes in client performance to supervisor	<ul> <li>Supervisor and Assistant will conduct weekly conferences to discuss client changes in performance and progress.</li> <li>Assistant will contact Supervisor immediately following any change/s in client status.</li> </ul>	
6. Prepare clinical materials	<ul> <li>Assistant will observe Supervisor and assist the Supervisor in choosing clinical materials.</li> <li>Prepare materials as outlined in client's plan of care.</li> <li>Assistant will review with Supervisor specific materials to be used with each client.</li> </ul>	
7. Test equipment for performance	<ul> <li>Supervisor will provide appropriate in-service regarding all testing equipment.</li> <li>Assistant will independently test equipment as Supervisor observes and provides feedback.</li> </ul>	

8. Participate in projects planned and directed by the Supervisor	<ul> <li>Supervisor will review any planned projects with Assistant.</li> <li>Assistant will complete any duties related to project as Supervisor provides ongoing review and feedback.</li> <li>Weekly, Monthly and Quarterly meetings will be held to review progress.</li> </ul>
9. Other: Please list any additional plans you may wish to include.	
Speech-Language Pathology Assistant: I affirm that I have reviewed the above OJT abide by all requirements and responsibilities.	Plan and Regulation 115-2 with the Supervisor and hereby agree to
Speech-Language Pathology Assistant Signa	ture Date
Sworn to and subscribed me this	day of, 20
Notary Signature:	
Print Notary name:  Notary Public for the State of:	
Commission Expiration Date:	
<b>Speech-Language Pathology Superviso</b>	)r;
Pathology Assistant. I fully understand my re Board of Examiners in Speech-Language	n and Regulation 115-2 with the above-mentioned Speech-Language esponsibilities to the Speech-Language Pathology Assistant and to the Pathology and Audiology as a Supervisor of the Speech-Language by all requirements and responsibilities set forth in the above plan and
above-mentioned Speech-Language Patholo period of four (4) years. I also understand the	irect supervision, I must conduct quarterly performance reviews of the egy Assistant. These performance reviews must remain on file for a nat I must keep current training and performance records, which must mers in Speech-Language Pathology and Audiology within 15 days of
	e responsibility for all services and tasks performed or omitted by the gy Assistant and must ensure that all services are in compliance with
Supervisor's Signature	Date
	day of, 20
Notary Signature:	
Print Notary name:	
Notary Public for the State of:	
Commission Expiration Date:	