



ARKANSAS BOARD EXAMINERS FOR SPEECH –LANGUAGE PATHOLOGY AND AUDIOLOGY

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APPLICATION TO SUPERVISE SLP-ASSISTANT(S)

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1. Name _____

Home Address _____ Phone _____

City and State _____ Zip _____

Email address _____ County of Residence _____

2. Current Employer _____

Employer's Address _____

City and State _____ Zip _____

Phone _____ County of Employment _____

3. Name of SLP-Assistant(s) _____

4. Worksite Information (Worksite for SLP-A) _____

Name of Worksite _____

Address _____ Phone _____

City and State _____ Zip _____

(ATTACH EXTRA SHEET IF NECESSARY)

5. Are you registered as an SLP-A Supervisor with any other Agency? Yes No

If yes, indicate agency _____

6. List where and when initial training was/will be completed: _____

7. Attach a written job description for the SLP-A which includes:
- Specific tasks to be performed under the direction of the supervising SLP
 - A description of the caseload to be served
 - A supervision plan describing how the supervising SLP will provide both direct and indirect supervision and contact with each client every two weeks as required
 - The service delivery plan including the settings in which services will be provided and the anticipated frequency of service by the supervising SLP and assistant
 - Training plan aimed at assuring that the SLP-A possesses the competencies to conduct the tasks assigned
 - Describe how supervising SLP will stay in contact with the SLP-A (i.e. phone, email, other)