Revised 09/14

STATE BOARD OF EXAMINERS IN SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY
P O BOX 2649
HARRISBURG PA 17105
717-783-1389
st-speech@pa.gov www.dos.state.pa.us/speech

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 INFORMATION

NAME OF LICENSEE: _____
(LAST) (FIRST) (MI)

LICENSE NUMBER: SL_____ E-MAIL ADRESS_____

AT_____

ADDRESS: _____
(STREET)

_____
(CITY) (STATE) (ZIP CODE)

TELEPHONE NUMBER: (_____)_____

NAME OF ASSISTANT_____
(LAST) (FIRST) (MI)

ADDRESS: _____
(STREET)

_____
(CITY) (STATE) (ZIP CODE)

E-MAIL ADDRESS: _____ SOCIAL SECURITY NUMBER_____

DATE OF BIRTH _____

NAME OF EMPLOYER: _____
(LAST) (FIRST) (MI)

ADDRESS: _____
(STREET)

_____
(CITY) (STATE) (ZIP CODE)

Area(s) of training:

_____AUDIOLOGY _____SPEECH-LANGUAGE PATHOLOGY

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

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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 that _____ has met the above requirements and that he/she has read the rules and regulations which pertain to assistants.

_____ _____

(Signature of Licensee) (Date) (Name of Licensee, typed or printed)

Prior to assigning a duty to an assistant, a licensee shall perform a task analysis of the expected duties of each assistant the licensee supervises, and shall then train the assistant, with an emphasis on competency-based skill acquisition, in accordance with this analysis. Training may be provided through formal coursework, workshops or directly supervised observation or practicum; training shall encompass all areas of activities, which the assistant will perform. An assistant trained in one area (audiology or speech-language pathology) may not perform duties in another area, unless training in that area has been given. An assistant is not permitted to perform a duty for which, in the opinion of the licensed supervisor, the assistant is neither trained nor qualified. A minimum of 20 hours of practical training for each duty is required.

I certify that I have read the rules and regulations, which pertain to assistants.

_____ _____

(Signature of Assistant) (Date) (Name of Assistant, typed or printed)