



ARKANSAS BOARD EXAMINERS FOR SPEECH –LANGUAGE PATHOLOGY AND AUDIOLOGY

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APPLICATION TO SUPERVISE SLP-ASSISTANT(S)

Rev. 7/7/2021

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)

8. Employment History (minimum of two years after CFY required)

Dates of Employment (Mo., Day, Yr.)		Title of Position
From		
To		

Name of Employer

Physical Address of Work Location

City State

Address of Employer

City and State

Dates of Employment (Mo., Day, Yr.)		Title of Position
From		
To		

Name of Employer

Physical Address of Work Location

City State

Address of Employer

City and State

Dates of Employment (Mo., Day, Yr.)		Title of Position
From		
To		

Name of Employer

Physical Address of Work Location

City State

Address of Employer

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Affidavit of the applicant

I, the undersigned do solemnly swear or affirm that I am the above applicant. I have read the above application and all statements contained therein or accompanying this application are true to the best of my knowledge and belief.

Signature of Applicant