

Petition for Special Approval for Supervision of Speech-Language Pathology Assistants



Board of Examiners
For Speech-Language
Pathology & Audiology
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Ste 407
Portland OR 97232
www.bsqa.state.or.us

Education Service Districts and School Districts must use this form to apply for approval for an exception to the usual requirements for Direct Supervision of SLPAs by licensed SLPs, as authorized by a Temporary Rule effective August 13, 2008 through February 8, 2009. See OAR 335-095-0050, paragraph (5) for specific exceptions allowed. Note that exceptions granted through this application are valid through July 31, 2009.

Applicants must demonstrate extraordinary circumstances such as extended personnel shortages or unique travel requirements to be considered for approval.

Satisfying Requirements

Applicant Information

Facility: _____
Education Service District or School District

Contact Person: _____
Special Education Director or Superintendent

Number of individual sites/schools within districts: _____

Facility Address: _____
Street

City State Zip Code

Telephone/Fax: _____

Statement Demonstrating Need: _____

Plan for Completing Supervision: _____

Satisfying Requirements (Continued)

Names of Speech-Language Pathologists employed by the this facility that hold current license under ORS Chapter 681.260:

Name: _____
Last First MI License #

Name: _____
Last First MI License #

Name: _____
Last First MI License #

Name: _____
Last First MI License #

Names of Speech-Language Pathologists employed by this facility that hold a permit to supervise Speech-Language Pathology Assistants under OAR 335-095-0055:

Name: _____
Last First MI License #

Name: _____
Last First MI License #

Name: _____
Last First MI License #

Name: _____
Last First MI License #

Names of Speech-Language Pathology Assistants employed by this facility that hold current certification under OAR 335-095-0030:

Name: _____
Last First MI License #

Name: _____
Last First MI License #

Name: _____
Last First MI License #

Name: _____
Last First MI License #

Please submit a copy of each SLPA's Report of Supervisor form to show supervisory relationship(s).