Wyoming State Board of Examiners of Speech-Language Pathology and Audiology

2001 Capitol Ave, Room 127
Cheyenne, WY 82002
http://speech.wyo.gov

Supervision Agreement for SLPA Certification

This form is to be completed by the supervisor and submitted to the Board.

▢ **Initial application** ▢ **Changing supervisor** ▢ **Adding additional supervisor**

1. Supervisee Information

Name	Email Address

2. Supervisor Information

Name	Email Address	WyomingLicense Number
Facility Name where supervision will be conducted	**Facility Phone Number**	
Facility Address		

3. All Supervisees *The rules of the Board permit a licensee to provide supervision to a maximum of three (3) SLPAs at one time. List the names of your supervisees below.*

Name	Facility Name where supervision is conducted
Name	Facility Name where supervision is conducted
Name	Facility Name where supervision is conducted

4. Documentation of Supervision Continuing Education

The Rules and Regulations require that the supervisor for an SLPA complete two (2) hours of continuing education in supervision. Please attach a copy of the CE certificate showing that the supervisor has completed at least two (2) hours of continuing education hours in supervision.

5. Supervision Plan: First 90 days. Skip this section if SLPA has been under supervision for longer than 90 days.
of hours per week SLPA will work with clients: _____
of hours of supervision per week: _____
During the first 90 days the SLPA must have a minimum of 30% weekly supervision. 20% direct. 10% indirect. Every client must be observed by the supervisor at least once every two weeks. Direct means face to face.

6. Supervision Plan: After 90 days.
of hours per week SLPA will work with clients: _____
of hours of supervision per week: _____
After 90 days, a minimum of one hour of weekly direct supervision. Direct supervision must be done for every client at least once every 60 days. Indirect supervision provided as necessary.

7. Signature	
I verify by signing below that the information I have provided the board is accurate and that I have read the rules and regulations promulgated by the Wyoming Board of Examiners of Speech-Language Pathology and Audiology, and W.S. § 33-33-101 through 402. Additional documentation will be provided upon request. Note: Providing false information to the board is a violation of the board's rules and may be subject to enforcement action.	
Signature	*Date*