



A MESSAGE FROM THE BOARD

To: Assistants and Provisional Assistants

January 20, 2023

RE: Updated Rules & Forms

The Rules and Regulations have recently been revised as it relates to supervision and duties of SLP Assistants and Provisional SLP Assistants. Please see an overview of the changes below:

Telehealth

According to 103 (Definitions) and 121.A.1.i. (Duties):

SLP Assistants may engage in the provision of services via telehealth delivery as directed by their supervisor, provided all supervision guidelines are met.

Provisional SLP Assistants MAY NOT engage in the provision of services via telehealth delivery; however, the individual may function as a facilitator given appropriate training.

Designations

105 (Designations)

Revised to allow abbreviation of “SLP” but must spell out “Provisional” (if applicable) and “Assistant” e.g. B.A., SLP Assistant or B.A., Provisional SLP Assistant.

Duties

121.

A.1.a. “assessments without interpretation” was removed from a, as Assistants are not allowed to conduct “assessments”.

A.1.h. SLP Assistants may participate in parent conferences, IEPs, case conferences, interdisciplinary team conferences and research projects, with permission and guidance of the supervising SLP. Provisional SLP Assistants may participate in these activities only with the supervising SLP present. (Also listed in 2.a.xii).

Duties Outside the Scope of Practice

121.A.2.a.

- Cannot conduct evaluations, even under supervision
- Cannot interpret assessment results
- Cannot screen, diagnose, or treat clients for feeding and swallowing disorders
- Cannot demonstrate swallowing strategies or precautions to clients, family or staff

Provisional SLP Assistants

-May not participate in parent conferences, IEPs, IFSP meetings, case conferences, interdisciplinary team conferences, and research projects, unless the supervising SLP is present.

-May not engage in telepractice; however, the individual may function as a facilitator given appropriate training.

Deferment of License

107.H.4.c.

If there is an extenuating circumstance, such as inability to obtain employment in the area of speech-language pathology for Provisional SLP Assistants, the licensee may request deferment in writing. The license must continue to be renewed annually. Such deferment may only be held for a period of 3 years from the time of board approval.

Clinical Hours

107 (Qualifications for Licensure)

H.3.a. No simulation experiences will be accepted for SLP Assistants or Provisional SLP Assistants.

Supervision

Submission of inaccurate or falsified supervision documentation may result in disciplinary action.

Also, the remaining 25 hours may be obtained through observation of assessment and therapy (no longer testing and therapy).

Continuing Education

Much of the continuing education requirements have been updated to include that of the 10 hours, 5 shall be educational activities directly related to the scope of practice of the licensee and must be designed to increase the knowledge and skills in the area of licensure.

The Rules for acceptable continuing education (127.K.) have also changed, with the biggest change being that presentations from AAA, ASHA, LSHA, SPALS, Louisiana Society for Hearing Aid Specialists, etc. must be for presentations that are directly in the area of communication disorders. Related topics, will require pre-approval. A similar change has been made for all CE activities; the hours are only considered acceptable if it is directly in the area of communication disorders. Related activities will require pre-approval from the Board.

Please note that any workshops and in-services that are university, school, clinic, hospital or state agency sponsored. The CE hours should only including content area workshop and in-service time. Documentation of staff development content must be separated from employee meeting activities such as announcements, review of deadlines, event planning, and other non-content area activities.

A new rule has been added that licensees may not submit repeated continuing education activities for credit within a 3 year period.

There are other revisions that have been made to the Rules, which can be found on the Board's website. Please familiarize yourself with the revisions.

Thank you,

Jolie Jones
Executive Director

**SUPERVISION FORM 200 FOR THE SPEECH-LANGUAGE PATHOLOGY ASSISTANT AND
PROVISIONAL SPEECH-LANGUAGE PATHOLOGY ASSISTANT LICENSE**

June 2022

Supervisor's Name: _____ **License No.** _____
Place of Employment: _____ **Work Setting:** _____
Check applicable boxes: Full time (21-40 hours) Part time (20 hours or less) 9 month employee 12 month employee

Direct Supervision

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL		
Articulation Therapy				■	■						■	■						■	■						■	■							■	
Language Therapy				■	■						■	■						■	■						■	■							■	
Other Therapy				■	■						■	■						■	■						■	■							■	
Speech/Language Screening				■	■						■	■						■	■						■	■							■	
Hearing Screening				■	■						■	■						■	■						■	■							■	
Parent/Family/Teacher Conf				■	■						■	■						■	■						■	■							■	

Indirect Supervision

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL		
Review of client folders				■	■						■	■						■	■						■	■							■	
Telephone Conference				■	■						■	■						■	■						■	■							■	
Record-Keeping				■	■						■	■						■	■						■	■							■	
Scheduling/Planning				■	■						■	■						■	■						■	■							■	
Consultation				■	■						■	■						■	■						■	■							■	

I hereby attest that the supervision documented for this month is true and correct, and that the supervision represented actually occurred. I understand that supervision records must be kept for a period of 3 years by the supervisor and supervisee and that the Board may request such documentation. Submission of inaccurate or falsified supervision documentation may result in disciplinary action.

Supervisee Signature		License #		Supervisor Signature		License #	
Supervisee's Printed Name				Supervisor's Printed Name			
Supervisee's Address				Supervisor's Address			

**SUPERVISION FORM 200 FOR THE SPEECH-LANGUAGE PATHOLOGY ASSISTANT AND
PROVISIONAL SPEECH-LANGUAGE PATHOLOGY ASSISTANT LICENSE**

July 2022

Supervisor's Name: _____ **License No.** _____
Place of Employment: _____ **Work Setting:** _____
Check applicable boxes: Full time (21-40 hours) Part time (20 hours or less) 9 month employee 12 month employee

Direct Supervision

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL	
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Supervisee Signature	License #	Supervisor Signature	License #
Supervisee's Printed Name		Supervisor's Printed Name	
Supervisee's Address		Supervisor's Address	

**SUPERVISION FORM 200 FOR THE SPEECH-LANGUAGE PATHOLOGY ASSISTANT AND
PROVISIONAL SPEECH-LANGUAGE PATHOLOGY ASSISTANT LICENSE**

August 2022

Supervisor's Name: _____ **License No.** _____
Place of Employment: _____ **Work Setting:** _____
Check applicable boxes: Full time (21-40 hours) Part time (20 hours or less) 9 month employee 12 month employee

Direct Supervision

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Indirect Supervision

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Supervisee's Printed Name		Supervisor's Printed Name	
Supervisee's Address		Supervisor's Address	

**SUPERVISION FORM 200 FOR THE SPEECH-LANGUAGE PATHOLOGY ASSISTANT AND
PROVISIONAL SPEECH-LANGUAGE PATHOLOGY ASSISTANT LICENSE**

September 2022

Supervisor's Name: _____ **License No.** _____
Place of Employment: _____ **Work Setting:** _____
Check applicable boxes: Full time (21-40 hours) Part time (20 hours or less) 9 month employee 12 month employee

Direct Supervision

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Indirect Supervision

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Supervisee Signature		License #		Supervisor Signature		License #	
Supervisee's Printed Name				Supervisor's Printed Name			
Supervisee's Address				Supervisor's Address			

**SUPERVISION FORM 200 FOR THE SPEECH-LANGUAGE PATHOLOGY ASSISTANT AND
PROVISIONAL SPEECH-LANGUAGE PATHOLOGY ASSISTANT LICENSE**

October 2022

Supervisor's Name: _____ **License No.** _____
Place of Employment: _____ **Work Setting:** _____
Check applicable boxes: Full time (21-40 hours) Part time (20 hours or less) 9 month employee 12 month employee

Direct Supervision

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Supervisee Signature	License #	Supervisor Signature	License #
Supervisee's Printed Name		Supervisor's Printed Name	
Supervisee's Address		Supervisee's Address	

**SUPERVISION FORM 200 FOR THE SPEECH-LANGUAGE PATHOLOGY ASSISTANT AND
PROVISIONAL SPEECH-LANGUAGE PATHOLOGY ASSISTANT LICENSE**

November 2022

Supervisor's Name: _____ **License No.** _____
Place of Employment: _____ **Work Setting:** _____
Check applicable boxes: Full time (21-40 hours) Part time (20 hours or less) 9 month employee 12 month employee

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Indirect Supervision

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Supervisee Signature	License #	Supervisor Signature	License #
Supervisee's Printed Name		Supervisor's Printed Name	
Supervisee's Address		Supervisor's Address	

**SUPERVISION FORM 200 FOR THE SPEECH-LANGUAGE PATHOLOGY ASSISTANT AND
PROVISIONAL SPEECH-LANGUAGE PATHOLOGY ASSISTANT LICENSE**

December 2022

Supervisor's Name: _____ **License No.** _____
Place of Employment: _____ **Work Setting:** _____
Check applicable boxes: Full time (21-40 hours) Part time (20 hours or less) 9 month employee 12 month employee

Direct Supervision

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL	
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Indirect Supervision

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Supervisee Signature	License #	Supervisor Signature	License #
Supervisee's Printed Name		Supervisor's Printed Name	
Supervisee's Address		Supervisee's Address	

**SUPERVISION FORM 200 FOR THE SPEECH-LANGUAGE PATHOLOGY ASSISTANT AND
PROVISIONAL SPEECH-LANGUAGE PATHOLOGY ASSISTANT LICENSE**

January 2023

Supervisor's Name: _____ **License No.** _____
Place of Employment: _____ **Work Setting:** _____
Check applicable boxes: Full time (21-40 hours) Part time (20 hours or less) 9 month employee 12 month employee

Direct Supervision

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Indirect Supervision

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Supervisee Signature	License #	Supervisor Signature	License #
Supervisee's Printed Name		Supervisor's Printed Name	
Supervisee's Address		Supervisor's Address	

**SUPERVISION FORM 200 FOR THE SPEECH-LANGUAGE PATHOLOGY ASSISTANT AND
PROVISIONAL SPEECH-LANGUAGE PATHOLOGY ASSISTANT LICENSE**

February 2023

Supervisor's Name: _____ **License No.** _____
Place of Employment: _____ **Work Setting:** _____
Check applicable boxes: Full time (21-40 hours) Part time (20 hours or less) 9 month employee 12 month employee

Direct Supervision

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Indirect Supervision

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Supervisee Signature	License #	Supervisor Signature	License #
Supervisee's Printed Name		Supervisor's Printed Name	
Supervisee's Address		Supervisee's Address	

**SUPERVISION FORM 200 FOR THE SPEECH-LANGUAGE PATHOLOGY ASSISTANT AND
PROVISIONAL SPEECH-LANGUAGE PATHOLOGY ASSISTANT LICENSE**

March 2023

Supervisor's Name: _____ **License No.** _____
Place of Employment: _____ **Work Setting:** _____
Check applicable boxes: Full time (21-40 hours) Part time (20 hours or less) 9 month employee 12 month employee

Direct Supervision

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL	
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Indirect Supervision

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Supervisee Signature	License #	Supervisor Signature	License #
Supervisee's Printed Name		Supervisor's Printed Name	
Supervisee's Address		Supervisor's Address	

**SUPERVISION FORM 200 FOR THE SPEECH-LANGUAGE PATHOLOGY ASSISTANT AND
PROVISIONAL SPEECH-LANGUAGE PATHOLOGY ASSISTANT LICENSE**

April 2023

Supervisor's Name: _____ **License No.** _____
Place of Employment: _____ **Work Setting:** _____
Check applicable boxes: Full time (21-40 hours) Part time (20 hours or less) 9 month employee 12 month employee

Direct Supervision

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Indirect Supervision

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Telephone Conference	■	■						■	■						■	■						■	■						■	■	■	
Record-Keeping	■	■						■	■						■	■						■	■						■	■	■	
Scheduling/Planning	■	■						■	■						■	■						■	■						■	■	■	
Consultation	■	■						■	■						■	■						■	■						■	■	■	

I hereby attest that the supervision documented for this month is true and correct, and that the supervision represented actually occurred. I understand that supervision records must be kept for a period of 3 years by the supervisor and supervisee and that the Board may request such documentation. Submission of inaccurate or falsified supervision documentation may result in disciplinary action.

Supervisee Signature		License #		Supervisor Signature		License #	
Supervisee's Printed Name				Supervisor's Printed Name			
Supervisee's Address				Supervisor's Address			

**SUPERVISION FORM 200 FOR THE SPEECH-LANGUAGE PATHOLOGY ASSISTANT AND
PROVISIONAL SPEECH-LANGUAGE PATHOLOGY ASSISTANT LICENSE**

May 2023

Supervisor's Name: _____ **License No.** _____
Place of Employment: _____ **Work Setting:** _____
Check applicable boxes: Full time (21-40 hours) Part time (20 hours or less) 9 month employee 12 month employee

Direct Supervision

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL	
Articulation Therapy						■	■						■	■							■	■					■	■					
Language Therapy						■	■						■	■							■	■					■	■					
Other Therapy						■	■						■	■							■	■					■	■					
Speech/Language Screening						■	■						■	■							■	■					■	■					
Hearing Screening						■	■						■	■							■	■					■	■					
Parent/Family/Teacher Conf						■	■						■	■							■	■					■	■					

Indirect Supervision

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL	
Review of client folders						■	■						■	■							■	■					■	■					
Telephone Conference						■	■						■	■							■	■					■	■					
Record-Keeping						■	■						■	■							■	■					■	■					
Scheduling/Planning						■	■						■	■							■	■					■	■					
Consultation						■	■						■	■							■	■					■	■					

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Supervisee Signature	License #	Supervisor Signature	License #
Supervisee's Printed Name		Supervisor's Printed Name	
Supervisee's Address		Supervisor's Address	

**SUPERVISION FORM 200 FOR THE SPEECH-LANGUAGE PATHOLOGY ASSISTANT AND
PROVISIONAL SPEECH-LANGUAGE PATHOLOGY ASSISTANT LICENSE**

June 2023

Supervisor's Name: _____ **License No.** _____
Place of Employment: _____ **Work Setting:** _____
Check applicable boxes: Full time (21-40 hours) Part time (20 hours or less) 9 month employee 12 month employee

Direct Supervision

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL		
Articulation Therapy			■	■						■	■						■	■						■	■									■
Language Therapy			■	■						■	■						■	■						■	■									■
Other Therapy			■	■						■	■						■	■						■	■									■
Speech/Language Screening			■	■						■	■						■	■						■	■									■
Hearing Screening			■	■						■	■						■	■						■	■									■
Parent/Family/Teacher Conf			■	■						■	■						■	■						■	■									■

Indirect Supervision

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL			
Review of client folders			■	■						■	■						■	■						■	■									■	
Telephone Conference			■	■						■	■						■	■						■	■									■	
Record-Keeping			■	■						■	■						■	■						■	■										■
Scheduling/Planning			■	■						■	■						■	■						■	■										■
Consultation			■	■						■	■						■	■						■	■										■

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Supervisee Signature		Supervisor Signature	
License #		License #	
Supervisee's Printed Name		Supervisor's Printed Name	
Supervisee's Address		Supervisor's Address	