

This form must be submitted by the supervisor by email to [MQA.SpeechLanguage@flhealth.gov](mailto:MQA.SpeechLanguage@flhealth.gov), or by mail to:

Board of Speech-Language Pathology & Audiology  
 4052 Bald Cypress Way Bin C-06  
 Tallahassee, FL 32399-3256



## Board of Speech-Language Pathology and Audiology Assistant Activity and Supervisory Plan

**This form is to be used for supervisory relationship additions and deletions.** Both the assistant and supervisor are required to review the laws and rules for the profession, found at <https://www.flrules.org/gateway/Organization.asp?OrgNo=64b20>.

Select the appropriate license type:	
<input type="checkbox"/> Speech-Language Pathologist	<input type="checkbox"/> Audiologist

### Supervisor Information:

Name:		License Number:	
Business Name:			
Business Address:			
Business Phone:		Email*:	

\*Under Florida law, email addresses are public records. If you do not want your email address released in response to a public records request, do not provide an email address or send electronic mail to our office. Instead contact the office by phone or in writing.

### Assistants being added to supervision:

Assistant Name	Assistant License Number	Anticipated Start Date (MM/DD/YYYY)	Part-time (PT) or Full-time (FT)	
			PT	FT
			PT	FT
			PT	FT

### Assistants being removed from supervision:

Assistant Name	Assistant License Number	Termination Date (MM/DD/YYYY)

### Supervisor Signature:

The supervising licensee shall make provisions for emergency situations including the designation of another licensee who has agreed to be available to provide direct supervision to the assistant when the supervising licensee is not available. In the event that a supervising licensee is not on the premises, the assistant may only perform duties not involving direct client contact unless acting pursuant to Board of Speech-Language Pathology and Audiology approved protocols as established in Rule 64B20-4.0045, Florida Administrative Code (F.A.C.), or 64B20-4.0046, F.A.C.

I, \_\_\_\_\_, have reviewed, with each assistant under my supervision, chapter 468, Part I, Florida Statutes, chapter 456, Florida Statutes, and Title 64B20, F.A.C. I understand my responsibilities as a registered supervisor of an assistant and understand that any violation of the laws or rules may result in disciplinary action against my license. I also understand the assistants under my supervision shall engage only in those services that are listed in Rule 64B20-4.003, F.A.C.

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 MM/DD/YYYY