

SAVE THIS FORM

This Form is to be completed and mailed to the Board by December 31 of each year.

**SUPERVISION/OBSERVATION LOG FOR
SPEECH-LANGUAGE PATHOLOGY ASSISTANTS**

Page 1 of 2

Month _____ Year _____

Use this form to document your monthly supervision. (Make extra copies for later use.)

At the time of registration renewal, Speech-Language Pathology Assistants MUST submit a Supervision Form for each month of employment.

WE HEREBY CERTIFY TO THE WEST VIRGINIA BOARD OF EXAMINERS FOR SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY THAT THE SUPERVISION INFORMATION SUBMITTED ON THE SUPERVISION/OBSERVATION FORM IS TRUE AND CORRECT.

Supervisor's Signature

Speech-Pathology Assistant's Signature

Supervisor's Printed Name

Speech-Pathology Assistant's Printed Name

Supervisor's Address

Speech-Pathology Assistant's Address

Supervisor's License Number