



Paul R. LePage
Governor

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
Board of Speech, Audiology and Hearing
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

Anne L. Head
Director

Supervision Form for Temporary Licensees

This form is required to be submitted by applicants for temporary licensure of speech-language pathology or audiology or for temporary licensees to report changes in supervisory relationships to the Board.

Applicant Data		
Name of Applicant:		
Mailing Address:		
City:	State:	Zip Code:
Supervisor's Education/School:		Degree Awarded:

Proposed Supervisor's Data		
Please select one: <input type="checkbox"/> New supervisor <input type="checkbox"/> Change of supervisor Name of previous supervisor: _____		
Name of Proposed Supervisor:		
Mailing Address:		
City:	State:	Zip Code:
License Number:	First Issue Date:	
Employer:	Dates employed*:	
*If less than two (2) years please attach a resume demonstrating at least two (2) years of professional experience.		



Supervision Form for Temporary Licensees
Page 2 of 2

Supervisor's Responsibility Statement

As the Supervisor:

Agree:

- 1) I possess a valid license and have two (2) years of professional experience as outlined in the board rules to supervise a temporary licensee.

- 2) I understand that I may supervise a maximum of two (2) temporary licensees and that I may not supervise a total number of temporary licensees, trainee hearing aid dealers and fitters, speech-language pathology assistants and students in excess of the my ability to competently supervise such persons and perform my direct client services for which I am responsible.

- 3) I will attach a supervisory plan detailing the following:
 - Employment setting;
 - Hours worked per week
(ASHA required 15-19 hours/week for 72 weeks; 20-24 hours/week for 60 weeks; 25-29 hours/week for 48 weeks; 30+ hours/week for 36 weeks);
 - Duration of the clinical fellowship;
 - Number of supervisory activities to be completed and the method of type of supervision and monitoring activities;
 - Method of evaluation (Clinical Fellowship Skills Inventory);
 - Intention to submit the completed Clinical Fellowship Report to the Board when change of status from temporary to permanent licensure is requested; and
 - Supervisor's signature

- 4) I understand that speech-language pathology or audiology practice by the applicant may not commence until the Board has reviewed and approved the temporary licensee's application for licensure or has reviewed and approved the change in supervision in writing.

- 5) I will immediately notify the temporary licensee and the Board of anything that affects my ability or right to supervise.

- 6) I know and understand the laws and rules pertaining to the supervision and practice of temporary licensees.

- 7) If I terminate supervision of this trainee I will inform the Board in writing within ten (10) days.

By my signature I attest that I have read and agree with the above statements. I also understand and accept the conditions and responsibilities of the supervisory relationship as outlined by the Rules of the Board of Speech, Audiology and Hearing and by the Statutes of the State of Maine.

SIGNATURE: _____

DATE: _____