CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR

SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY & HEARING AID DISPENSERS BOARD
1601 Response Road, Suite 260, Sacramento, CA 95815
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TERMINATION OF SUPERVISION

FOR SPEECH-LANGUAGE PATHOLOGY ASSISTANT

Division 13.4 of Title 16, California Code of Regulations (CCR) section 1399.170.18 requires that at the time of termination of supervision for a Speech-Language Pathology Assistant (SLPA), the supervisor shall submit this original signed form within fourteen (14) days of the termination of supervision and provide a copy of the completed form to the SLPA within forty-five (45) business days of termination. The Board requires original signatures. Forms can be submitted by email to: speechandhearing@dca.ca.gov.

Speech-Language Pathology Assistant Information

FULL LEGAL NAME:	LAST	FIRST	MIDDLE
SLPA LICENSE NUMBER:			

Supervisor Information

FULL LEGAL NAME:	LAST	FIRST	MIDDLE	
STREET ADDRESS:	CITY	STATE	ZIP CODE	
PHONE NUMBER:				
LICENSE NUMBER OR CREDENTIAL NUMBER:				
SLP #	**CREDENTIAL #**			

I, _____ Supervisor Name _____ am terminating the supervision of

_____ SLPA name _____ effective as of _____ Effective Date _____.

I hereby certify under penalty of perjury under the laws of the State of California that all statements made herein are true in every respect and that misstatements or omissions of material facts may be cause for suspension or revocation of a license.

_____	_____	_____
Supervisor's Signature	Printed Name of Supervisor	Date