



# 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.

## PART A – Speech-Language Pathology Assistant Information (Please Print)

1. FULL LEGAL NAME:	LAST	FIRST	MIDDLE
2. SLPA LICENSE NUMBER			

## PART B – Supervisor Information (Please Print)

1. FULL LEGAL NAME:	LAST	FIRST	MIDDLE
2. 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.

Signature of Supervisor	Printed Name of Supervisor	Date	
Street Address	City	State	Zip Code
Supervisor's Telephone Number			

**DO NOT FAX THIS FORM  
THE BOARD REQUIRES ORIGINAL SIGANTURES**