

Alabama Board of Examiners for Speech-Language Pathology and Audiology

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P.O. Box 304760
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SPEECH-LANGUAGE PATHOLOGY OR AUDIOLOGY ASSISTANT REGISTRATION

In order to register as a Speech-Language or Audiology Assistant the following should be submitted:

1. The notarized application.
2. Application fee of \$100.00 made payable to ABESPA.
3. Request that official undergraduate transcripts be sent directly to the Board from the institution.
4. A statement indicating the number and types of practicum hours obtained must be provided by the director of the training program.
5. Appropriate work plan (refer to rules and regulations 870-X-2-.06(h)).

Any changes in employer or supervisor should be reported to the Board within ten (10) days.

- Registered assistants are not allowed to represent themselves or to be represented as practitioners of speech-language pathology or audiology. Preparation or distribution of announcements of practice, independent telephone listings, or other such notices shall be in violation of the registration to assist and will lead to automatic revocation of such registration.
- Telepractice services may not be administered by assistants.
- All assistant registrations expire on December 31st following their issuance or renewal and are invalid thereafter unless renewed.

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NOTE: **Type or print clearly.** There is a \$100.00 application fee charged for each Assistant registration. The fee must be enclosed with application.

- _____ Consular report of birth abroad of US citizen
- _____ Bureau of Indian Affairs identification
- _____ American Indian Card issued by Homeland Security
- _____ Final adoption decree showing person's name and place of US birth
- _____ A valid Uniformed Services Privileges and Identification Card
- _____ Extract from a United States hospital record of birth created at the time of the person's birth indicating the place of birth in the United States
- _____ Certification of birth issued by U S Department of State

_____ **I am not a United States Citizen. The copy of the document(s) to prove legal presence I am submitting (and attached to this checklist) is as follows:**

- _____ I-327 Re-entry Permit
- _____ I-551 Permanent Resident Card
- _____ I-571 Refugee Travel Document
- _____ I-766 Employment Authorization Card
- _____ I-94 Arrival/Departure Record
- _____ Unexpired Foreign Passport
- _____ Temporary I-551 Stamp (on passport or I-94)
- _____ I-20 Certificate of Eligibility for non-immigrant (F-1) student status
- _____ DS 2019 Certificate of Eligibility for Exchange Visitor (J-1) status
- _____ Machine-readable immigrant Visa (with temporary I-551 language)
- _____ Other: (Explain)

This section must be completed by the supervising speech-language pathologist or audiologist
Supervisor Information:

Name of Supervisor: _____ ABESPA Lic. No. _____

Date of Application: _____ Type of License: SLP _____ AUD _____

Mailing Address: _____
 _____ Street

_____ City _____ State _____ Zip _____

Home Phone: _____ Work Phone: _____

Provide the name(s) of other assistants working under your supervision and the **number of hours per week** worked by each:

(1) _____

(2) _____

A SUPERVISOR'S RESPONSIBILITIES INCLUDE BUT ARE NOT LIMITED TO:

1. Assessing patients, making diagnoses, and establishing treatment procedures.
 2. Counseling patients and/or family members regarding diagnosis and/or treatment.
 3. Re-evaluating patients on a timely basis and evaluating on-going appropriateness and effectiveness of management plan.
 4. Being onsite at all times while the assistant is providing clinical services and documenting direct observation of at least 10% of all clinical services provided by the assistant.
 5. Ensuring that the Assistant **does not** start employment until application is approved by the ABESPA Board.
 6. Supervising not more than two full-time Assistants (full-time is 30 hours or more per week)
 7. Notifying ABESPA when she/he terminates supervision of Assistant.
 8. Ensuring that ten (10) clock hours of continuing education have been completed by renewal date.
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WORK PLAN FOR THE ASSISTANT (Attach additional sheets if needed)

1. Place(s) of employment as an Assistant:

Institution Name

Address (including city, state and zip code)

Telephone Number

2. Number of hours the Assistant will work per week: _____

3. Description of the activities to be performed by the Assistant: _____

4. Description of training the Assistant has received in the past in order to prepare for the performance of the planned activities: _____

Assistant's Education Background: (transcripts must be forwarded to the Board)

Institution	City	State	From	To	Degree

5. Describe the amount and type of training to be provided by the Supervisor to prepare the Assistant to perform the proposed plan: _____

We hereby certify that all information pertaining to this application is true and correct and that the Alabama Board of Examiners for Speech-Language Pathology and Audiology is hereby granted permission to obtain verification of education and employment dates reported herein as well as verification of any other information regarding specific duties and supervision provided. **We understand that the supervising licensee assumes all professional responsibility and liability for any actions performed by the Assistant while the Assistant is working under this authorization.** We agree that, while providing clinical services, an assistant will wear a badge identifying assistant status. We have read and understand the rules and regulations governing Assistant Authorization. We understand that should the undersigned licensee cease to supervise the Assistant; the Assistant's registration is automatically terminated. To receive Assistant status after termination by Supervisor, the Assistant must reapply. We understand that this Assistant Authorization expires on December 31 and must be renewed.

Signature of Licensee/Supervisor

Date

Signature of Assistant Applicant

Date

SWORN to and **SUBSCRIBED** before me on this the _____ day of _____, 20____.

Notary Public

My Commission Expires: _____

870-X-2-.06 Assistant Registration. Any person not eligible for a license under the provisions of this act who assists in the practice of speech-language pathology and/or audiology under the supervision of a licensed speech-language pathologist and/or audiologist, **must** have a bachelor's degree or equivalent, as stated in the *Code of Alabama* 1975, §34-28A-1, in communication disorders or related field in speech-language pathology and register with the Board. Before granting such registration, the Board will consider the academic training and clinical experience of the applicant, the specific duties and responsibilities that will be assigned to the applicant and the amount and nature of the supervision that will be given to the applicant. Registration to assist licensed speech-language pathologist and/or audiologist will be granted under the following conditions:

(a) Qualifications. Under the supervision of a licensed Speech-Language Pathologist or Audiologists, Assistants may assist in providing services commensurate with their training and experience.

(b) Duties: Under supervision of a licensed Speech-Language Pathologist or Audiologist, Assistants may:

- conduct speech-language-hearing screenings
- implement documented treatment plans or protocols as prescribed by the supervising clinician
- document as prescribed by the supervision clinician patient/client progress
- assist during assessment
- assist with informal documentation, prepare charts, record graphs, or otherwise display data
- perform checks and maintenance of equipment
- participate in research projects, in-service training, and public relations programs

(c) Prohibited Duties: Assistants will not:

- evaluate speech, language, or hearing
- interpret measurements of speech, language, or hearing
- make recommendations regarding treatment or management of clients counsel
- sign test reports and other documents regarding the practice of speech-language pathology and/or audiology

(d) Assistant Titles. The applicant, if registered to assist the licensed speech-language pathologist and/or audiologist, may use only the titles, "speech pathology assistant", "audiology assistant", or "speech-language pathology and audiology assistant", depending upon the area(s) in which the assistant is registered to assist with the Board.

(e) Assistant Supervision. The applicant, if registered, must assist the licensed speech-language pathologist or audiologist. A licensee who supervises a speech-language pathology assistant or an audiology assistant shall be responsible for the direction of all clinical services provided by said assistant and shall be responsible to the client for the performance of these services. The assistant must be under the direct supervision of a licensee. Supervision requires the physical presence of the licensee in the same facility at all times when the assistant is carrying out assigned clinical responsibilities. The licensed supervisor must document direct observation of at least ten percent (10%) of all clinical services provided by the assistant. The licensee shall be responsible for the legal, ethical, and moral professional behavior relating to the approved work each assistant is conducting under the licensee's supervision.

(f) Advertising. Registered assistants are not allowed to represent themselves or to be represented as practitioners of speech-language pathology or audiology. Preparation or distribution of announcements of practice, independent telephone listings, or other such notices shall be in violation of the registration to assist and will lead to automatic revocation of such registration.

(g) Application for Registration. Application for registration of an assistant must be made to the Board. The application will be completed by the supervisor, signed by the proposed assistant and supervisor, and must be notarized. It will contain the plan (described below) for the assistant and a statement that the proposed supervisor accepts the complete and legal responsibility for the speech-language pathology and/or audiology services of the proposed assistant. **An official copy of the proposed assistant's transcript must be sent to the Board by the school registrar. A statement indicating the number and types of practicum hours obtained must be provided by the director of the training program.**

(h) The Plan for an Assistant. Registration for a speech-language pathology assistant or an audiology assistant will be considered after a specific work plan has been reviewed and approved by the Board to include:

1. The place(s) in which the assistant will work,
2. A description of the activities to be performed by the assistant,
3. A description of the amount and circumstances of supervision to be given to the assistant, and
4. A description of the training the assistant is to receive in preparation for the performance of the planned activities.

(i) Length of Registration. Registration for assisting a speech-language pathologist or audiologist shall expire December 31 of each year. This registration must be renewed each year effective January 1. Failure to apply for renewal of registration shall result in automatic revocation of registration to assist.

(j) Speech-Language Pathology Assistant and/or Audiology Assistant Fee. There will be a \$100.00 fee charged for assistant registration and \$50.00 assistant registration renewal. This fee must be submitted with the application and is non-refundable.

(k) Renewal of Registration. All assistant registrations expire on December 31 following their issuance or renewal and are invalid thereafter unless renewed. Renewals of registration must be accompanied by:

1. Written request for registration renewal from the supervisor.
2. Statement of any proposed modifications of the original plan. (See section (f) above).
3. Evidence of a minimum of ten (10) continuing education hours completed in the twelve-month period beginning January 1 and ending December 31 of that year. Academic course work approved by the Board may be used to meet this requirement completed in the twelve-month period beginning January 1 of each year and ending December 31. These continuing education hours must be related to the activities registered to be performed by the assistant as outlined in the application for the assistant (see Section (f) above).

4. A \$50.00 annual renewal fee.

(l) Changes in Plan. If changes are desired in the approved supervisory plan, a new application must be filed. An additional registration fee is not required to make changes in the Plan.

(m) Licensed Supervisor. Each speech-language pathologist and/or audiologist supervising assistants will accept no more than the equivalent of two full-time assistants concurrently.

(n) Board Member Restriction. A Board member shall abstain from evaluating and voting on registration of assistants (aides) if there is any question of conflict of interest.

870-X-7-.05 Regulation of Telepractice

(4) Telepractice services may not be administered by assistants.