# 33Alabama Board of Examiners for Speech-Language Pathology and Audiology

Telephone: (334)269-1434 Email address: abespa@abespa.alabama.gov

Street Address:
400 S. Union Street, Suite 435
Montgomery, AL 36104

Mailing Address:
P.O. Box 304760
Montgomery, AL 36130-4760

## 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.

ALABAMA BOARD OF EXAMINERS FOR
SPEECH LANGUAGE PATHOLOGY AND AUDIOLOGY
P.O. Box 304760 Montgomery, Alabama 36130-4760
Telephone Number: 334-269-1434 Fax Number: 334-834-9618

# SPEECH-LANGUAGE PATHOLOGY OR AUDIOLOGY ASSISTANT REGISTRATION

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

## ASSISTANT INFORMATION

Name of Assistant_____

Home Phone:_____Social Security Number:_____

Home Address: _____
Street

_____
City State Zip

Email:_____

Applying for assistant authorization in: ( ) Audiology ( ) Speech Pathology

**Have you received a disciplinary action, criminal convictions, misdemeanors or felonies from any jurisdiction**
**____YES _____NO**

Sex: ___Female ___Male ___Other ___I prefer not to disclose that information

Race: ___White ___Black ___Hispanic ___Asian ___American Indian or Alaskan Native ___Native Hawaiian or Pacific Islander __Two or More Races ___I prefer not to disclose that information

U.S. Citizen: __YES ___N0 Legal Alien: ___YES ___No Visa Type & Number_____

**********

## CITIZENSHIP/IMMIGRATION STATUS
### (THIS SECTION MUST BE COMPLETED BY ASSISTANT)

Per Code of Alabama 1975, §31-13-5 of the Beason-Hammon Alabama Taxpayer and Citizen Protection Act -Immigration Law, all persons holding or applying for a license/registration to practice in Alabama must show proof of citizenship or immigration status.

Please check appropriate status and return your **documentation** along with your licensure application.

_____ **I am a United States Citizen. I am submitting the attached copy of my document to prove citizenship/legal presence:**
_____ Alabama Driver's License or Identification issued by Department of Public Safety
_____ Driver's License from other state that required proof of lawful presence
_____ Birth Certificate indicating US birth
_____ Valid US Passport
_____ Military Identification showing US as place of birth
_____ Naturalization documents
_____ Certificate of citizenship

_____ 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 provides 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.
9. SLP supervisors shall have held a full, unrestricted SLP license for 2 years.

**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:_____

# KEEP THE FOLLOWING RULES FOR YOUR RECORDS – DO NOT RETURN WITH APPLICAITON

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 coursework 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.