

FORM SA4

Maryland Department of Health
**Board of Examiners for Audiologists, Hearing Aid Dispensers,
Speech-Language Pathologists and Music Therapist**
4201 Patterson Avenue, Baltimore, Maryland 21215-2299
Phone 410-764-4725 * Fax 410-358-0273 * TTY/ Maryland Relay Service 1-800-735-2258

Alternative Plan for Obtaining Required Clinical Hours

This form must be completed if you have not obtained the required 25 clinical observation hours and 75 clinical assistance hours from your educational institution.

Applicant (Please Type or Print)

Name: _____
Last First Middle/Maiden

Address: _____
Street Apt. #

City State Zip Code

Phone: _____ E-mail _____

Supervising Speech-Language Pathologist

Name: _____
Last First Middle/Maiden

Professional Address: _____
Facility or Company's Name

Street Suite #

City State Zip Code

Telephone # _____

This Plan must be approved by the Board and a Limited License issued **before** any clinical observation or clinical assisting experience is obtained. Experienced gained in violation of the laws and regulations will not be accepted as having met the licensure requirements.

The Alternative Plan must ensure that the applicant will obtain the required 25 clinical observation hours and 75 clinical assisting hours **within 60 days** of the applicant's receipt of a limited License. The plan shall be designed and signed by the supervising speech-language pathologist. If the Board does not receive proof of successful completion of the hours by the end of 90 days, the assistant's Limited License is void and the assistant will need to reapply.

The 75 hours of clinical assistance shall include 100% direct supervision by the supervising speech-language pathologist of the speech-language pathologist assistant during any client contact hours. The first month of clinical hours must start after the Board approves the **Form SA4**.

Pursuant to COMAR 10.41.11.08(B) “a licensed full-time (35 hours or more a week) speech-language pathologist may not supervise more than the equivalent of two full-time (35 hours or more a week) speech-language pathology assistants.” Pursuant to COMAR 10.41.11.08(C) “a licensed part-time (35 hours or more a week) speech-language pathologist may not supervise more than the equivalent of one full-time (35 hours or more a week) speech-language pathology assistant.” The Board will not issue a full SLP-A license or limited SLP-A license to an applicant until it is satisfied that the supervisor noted on the Form SA4 is in compliance with the foregoing regulations.

Alternative Plan for Clinical Hours

Week	From (mm/dd/yyyy)	To (mm/dd/yyyy)	Observation Hours	Assistance Hours
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
		Grand Total Hours:		

Signature of Applicant _____ Date _____

Signature of Supervisor _____ Date _____

Supervisor: (select one of the following)

- Holds MD License in Speech-Language Pathology
- Holds ASHA CCC-SLP
- Holds Licensure in SLP in State of _____