

FORM SA6

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

Delegation Agreement

A Speech-Language Pathology Assistant or an applicant for licensure as a Speech-Language Pathology Assistant must file a Delegation Agreement with the Board. A separate agreement must be filed for **each** supervising Speech-Language Pathologist under whom the SLP Assistant will be working. Each Delegation Agreement must be re-filed at the time of license renewal. *Additionally, if there is a change of supervision (adding or removing), a new Delegation Agreement must be filed immediately.*

Speech-Language Pathology Assistant Information:

Change in Employment Site

Additional Site

Additional Supervisor

Change in Hours

Change of Supervisor

Applicant's Name: _____

Mailing Address: _____

Telephone: _____

Alternate: _____

If currently licensed as an assistant, Maryland SLP Assistant License Number: _____**Supervising Speech-Language Pathologist**

Name: _____

Address: _____

Telephone: _____

Alternate: _____

Maryland SLP License Number: _____ and/or ASHA Number: _____

Facility Information (where the SLP Assistant Limited Licensee will be practicing)

Facility Name: _____

Facility Address: _____

Contact Person: _____ Phone: _____

Will the supervising Speech-Language Pathologist be responsible for the practice of the SLP Assistant at additional facilities? Yes No

If yes, please indicate the additional facilities and their addresses here:

Delegation Agreement

The Speech-Language Pathology Assistant named in this Delegation Agreement is authorized to assist the supervising Speech-Language Pathologist named in this agreement in the implementation of speech-language pathology treatment goals and related activities as outlined in the SLP Assistant Regulations (COMAR 10.41.11) under the direction of the supervising SLP at the above named facility(ies).

The Supervising Speech-Language Pathologist agrees to supervise the SLP Assistant according to the standards outlined in the COMAR regulations; the Speech-Language Pathologist may not supervise more than the equivalent of two (2) full-time students (SLP assistants and/or SLP clinical fellows and/or clinical interns) per day in off-site placements.

The SLP Assistant agrees to perform only those activities authorized in the COMAR regulations.

The SLP Assistant agrees to notify the Board if this Delegation Agreement is no longer valid.

Signature of SLP Assistant

_____ Date

Signature of Supervising SLP

_____ Date