

**Supervisor**

As supervisor of the above listed applicant, I have read Section .1000 - .1005 - Requirements for the Use of Speech-Language Pathology Assistants in Direct Service Delivery in North Carolina of Article 22 - Licensure Act for Speech-Language Pathologists and Audiologists and agree to abide by all of its requirements. I understand that as the supervisor, I accept responsibility for the professional services carried out by this SLP Assistant. I also certify that all information in this application is correct.

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Primary Supervisor's Signature

Date

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Secondary Supervisor's Signature

Date

**Assistant**

I have read Section .1000 - .1005 - Requirements for the Use of Speech-Language Pathology Assistants in Direct Service Delivery in North Carolina of Article 22 - Licensure Act for Speech and Language Pathologists and Audiologists and agree to abide by all of its requirements. I also certify that all information provided in this application is correct. I am currently employed \_\_\_\_\_ hours per week. (Part-time = 20-29 hours - Full-time 30 +)

Assistant's Signature \_\_\_\_\_

Date: \_\_\_\_\_