

REQUIREMENTS FOR REGISTERING A SLP-ASSISTANT

1. For registration, the following information must be presented to the Board of Examiners:
 - a. Evidence of successful completion of an Associate's Degree in Speech-Language Pathology Assisting from an accredited institution of higher learning, community college, or equivalent program; or evidence of successful completion of a Bachelor's Degree from an accredited institution as well as evidence of successful completion of the following Speech-Language Assisting curriculum courses developed by the N. C. Department of Community Colleges:
 - Introduction to Speech-Language Pathology (SLP III or equivalent)
 - SLP Office Procedures (SLP 120 or equivalent)
 - Disorders and Treatment I (SLP 211 or equivalent)
 - Disorders and Treatment II (SLP 212 OR equivalent)
 - Assistive Technology (SLP 220 OR equivalent)
 - SLP Field Work (SLP 230 or equivalent)
 - SLP Field Work Seminar (SLP 231 or equivalent)
 - b. A passing score on a competency test approved by the Board of Examiners
 - c. Registration form signed by SLP-Assistant and supervising licensee(s)
2. Licensees who register an assistant must hold a current, permanent license in North Carolina and must have held such a license, or equivalent qualifications from another state, for at least two years.
3. Licensees who register an assistant must submit the application and annual fee for registration to the Board. **The Board's policy with regard to fees requires that remitted checks must clear the bank before the assistant can be registered.** The only exceptions are those fees that are paid with money orders or certified checks.
 - a. Registration Fee - \$40.00
 - b. Annual Renewal Fee - \$40.00
 - c. Fee to make supervision changes - \$20.00
4. Before the Board can approve the registration, the Primary Supervising Licensee must review **Section .1000 Requirements for the use of speech-language pathology assistants in direct services delivery in North Carolina** which is available beginning page 17 of the licensure statute. They must complete and return to the Board of Examiners the Learning Instrument for Licensed Speech-Language Pathologists to Register a SLP-Assistant.
5. The Primary Licensee must submit to the Board of Examiners the Assistant's competency checklist within ninety days of registration. A new competency checklist must be completed and filed within ninety days each time the Primary Supervising Licensee changes.
6. Before assigning a treatment task to an Assistant, the Licensee must first have evaluated the patient, written a general treatment plan, and provided the Assistant with a written session protocol specifying the eliciting conditions (A) the target behavior, (B) and the contingent response (C) for patient behaviors. A recommended format for this session protocol is enclosed.

NORTH CAROLINA BOARD OF EXAMINERS FOR SPEECH & LANGUAGE PATHOLOGISTS & AUDIOLOGISTS

PO BOX 16885, GREENSBORO, NC 27416-0885 Telephone: 336-272-1828

Application for Registration of a Speech-Language Pathology Assistant

APPLICANT INFORMATION

Primary Supervisor: _____ SSN: _____ N.C. License #: _____
Number of Assistants you supervise: _____ I am currently employed _____ hours per week.

Secondary Supervisor: _____ SSN: _____ N.C. License #: _____
Number of Assistants you supervise: _____ I am currently employed _____ hours per week.

Name of Assistant

(First) (Middle) (Last)

Address:

(Street or PO Box) (City) (State) (ZIP Code)

Telephone: Home: (____) _____ Business: (____) _____

Social Security Number: _____

Employer & Employer's Complete Address: _____

(Street Address) (City) (State) (ZIP Code)

Exact Location Where SLP-A will provide services: _____

(If multiple sites, attach a list to the form)

(Street Address) (City) (State) (ZIP Code)

ACADEMIC INFORMATION:

Table with 4 columns: Training Program, Major, Degree, Date

Speech-Language Pathology Assistant's Examination:
Date Exam Administered: _____ Score: _____

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.

Primary Supervisor's Signature _____ Date _____

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: _____

**KNOWLEDGE DEMONSTRATION FOR LICENSED SPEECH-LANGUAGE PATHOLOGISTS
TO REGISTER A SLP-ASSISTANT**

NAME OF SLP-ASSISTANT: _____

1. Who is completely responsible for the services provided by the registered SLP-Assistant?
 - a. Secondary Supervisor
 - b. Primary Supervisor
 - c. Employer
 - d. Board of Examiners

2. Whose caseload does the SLP-Assistant serve?
 - a. Secondary Supervisor
 - b. Any SLP who is employed at the same facility
 - c. Primary Supervisor
 - d. Both the caseload of the Primary Supervisor and the Secondary Supervisor

3. What is included in a written session plan (treatment protocol)?
 - a. the eliciting condition
 - b. the target behavior(s)
 - c. the consequences of target behaviors
 - d. All of the above

4. How many Speech-Language Pathology Assistants may be supervised by a licensee employed full time?
 - a. 1
 - b. 2
 - c. 3
 - d. 4

5. Who is responsible for keeping the Board of Examiners apprised of changes in registration information?
 - a. SLP-Assistant
 - b. Primary Supervising Licensee
 - c. Both the Primary Supervising Licensee and the Secondary Supervising Licensee
 - d. SLP-Assistant

6. What is the correct designator to be used by the SLP-Assistant on all documents?
- a. SLP-A
 - b. Speech-Language Pathology Assistant
 - c. Assistant
 - d. SLP-Assistant
7. Which of the following is not required of a licensee when services are being rendered to the public by a SLP-Assistant?
- a. The Patient or family must be informed in writing
 - b. The SLP-Assistant must wear a badge including the job title: "Speech-Language Pathology Assistant"
 - c. The supervising licensee must be in the same building as the SLP-Assistant
 - d. The licensee must be accessible to the Assistant
8. Who must sign every patient encounter (screening or treatment) when services are provided by a SLP-Assistant?
- a. Primary Supervisor
 - b. Primary Supervisor and SLP-Assistant
 - c. Secondary Supervisor
 - d. SLP-Assistant
9. Which is not a required element of a session protocol?
- a. The protocol must be in writing
 - b. The protocol must be signed by the SLP-Assistant and the supervising licensee
 - c. The protocol must be signed by the patient or guardian
 - d. The protocol must specify the eliciting conditions, the target behavior, and the contingent response
10. The written treatment protocol must include all except:
- a. Specification of how the target behavior is to be elicited
 - b. Specifications of how data is to be collected
 - c. Specification of the target behavior
 - d. Specification of the contingent response to the patient's behavior

Name of Supervisor (Please Print)

Signature of Supervisor

Date

FOR BOARD USE ONLY

Date Learning Instrument Approved: _____

**NORTH CAROLINA BOARD OF EXAMINERS FOR
SPEECH & LANGUAGE PATHOLOGISTS & AUDIOLOGISTS**

**PERFORMANCE-BASED COMPETENCY ASSESSMENT AND ORIENTATION CHECKLIST
FOR SPEECH-LANGUAGE PATHOLOGY ASSISTANTS**

Printed SLP Assistant Name & Registration Number: _____

Printed Primary Supervising Licensee Name & License Number: _____

Instructions: The primary supervising speech-language pathologist will complete this competency and orientation document during the first sixty (60) days of employment and forward the signed, original copy to the Board of Examiner's (the Board) office within 30 days of completion. A new competency assessment and orientation must be completed whenever the licensee who registers the assistant changes.

QUALIFICATION AND EMPLOYMENT OVERVIEW

	<u>Meets Std</u>	<u>Does Not Meet Std</u>
1. The speech-language pathology assistant has completed an approved course of study acceptable to the Board, is currently registered with the Board, and is in good standing as a speech-language pathology assistant.	_____	_____
2. The speech-language pathology assistant has completed an employment orientation at all sites where speech-language services will be delivered by the assistant.	_____	_____
3. The speech-language pathology assistant knows and understands the approved rules for SLP-assistants, specifically Attachment 1 (Summary of Authorized Tasks and Supervision Requirements for SLP-Assistants).	_____	_____
4. The supervising speech-language pathologist has informed the SLP-Assistant of the overall scope of his/her duties and responsibilities in the specific employment context.	_____	_____

DIRECT SERVICES TO PATIENTS/CLIENTS

1. The speech-language pathology assistant conducts self in a courteous and appropriate manner in all communication and interaction with clients/patients, families, caregivers, and other staff.	_____	_____
2. The speech-language pathology assistant identifies self as a speech-language pathology assistant when greeting client and/or family.	_____	_____
3. The speech-language pathology assistant wears a name tag at all times which identifies him/her as an assistant.	_____	_____
4. The speech-language pathology assistant provides instructions and/or explanations of treatment to the patient/client which are clear and complete, and are appropriate for the patient/client's developmental level, language use, communication disorder, and level of understanding.	_____	_____
5. The speech-language pathology assistant has been instructed in the proper administration of the screening instruments/tests which will be used in the employment setting(s) and accurately administers these screening instruments, as prescribed by the supervising speech-language pathologist.	_____	_____

	<u>Meets Std</u>	<u>Does Not Meet Std</u>
6. The speech-language pathology assistant accurately scores and reports the results of screening tests to the supervising speech-language pathologist.	_____	_____
7. The speech-language pathology assistant prepares treatment/screening materials before the beginning of each treatment/screening session, as directed by the supervising speech-language pathologist, assuring that such materials are appropriate to the patient/client's age, developmental level, culture, and communication disorder.	_____	_____
8. The speech-language pathology assistant starts and ends treatment sessions on time and follows the written treatment protocol developed and prescribed by the supervising speech-language pathologist.	_____	_____

HEALTH AND SAFETY STANDARD

1. The speech-language pathology assistant utilizes universal precautions and adheres to the infection control procedures and guidelines of the employer(s).	_____	_____
2. The speech-language pathology assistant will use appropriate procedures for the physical management of patients/clients and any necessary injury prevention strategies consistent with the employer's policies and with state regulation.	_____	_____

ACTION PLANS FOR UNMET STANDARDS

SIGNATURES & DATES:

_____	_____	_____
Speech-Language Pathology Assistant	Registration Number	Date
_____	_____	_____
Primary Supervising Licensee	License Number	Date