

FORM C – RECORD OF SUPERVISION FOR AUDIOLOGY ASSISTANT

This form is to be retained by the Supervisor of the Audiology Assistant Applicant. It is to be completed by the Supervisor and submitted **when the training program is completed** to the Board. Make copies of the form as needed. The Supervisor should retain copies of all documentation of indirect and direct supervision of an audiology assistant. Upon request by the Board, this documentation may be required to be sent to the Board for review during registration renewal audits. Please refer to Board rule 609-6-.02 for additional information.

AUD ASST NAME:

SUPERVISOR NAME:

DATE ACTIVITIES STARTED:

DIRECT SUPERVISORY ACTIVITIES

Activity	Frequency	Duration	Comments/Reliability/Accuracy

INDIRECT SUPERVISORY ACTIVITIES

Activity	Frequency	Duration	Comments/Reliability/Accuracy

AFFIDAVIT OF SUPERVISOR

I, the undersigned, verify that the above named Audiology Assistant completed the described audiology assistant training that was submitted with the initial application for audiology assistant registration.

Signature of Supervisor: _____

Date: _____

Signature of Audiology Assistant: _____

Date: _____

Submit via FAX: 866-888-7127, via E-Mail to ExamBoards-Healthcare@sos.state.ga.us or by USPS mail service to:
SLPA Board, 237 Coliseum Drive, Macon, GA 31217