



**ARKANSAS BOARD OF EXAMINERS
IN SPEECH-LANGUGAE
PATHOLOGY AND AUDIOLOGY**

Renee Mallory
SECRETARY OF HEALTH

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Speech-Language Pathology Assistant Supervisor Application

SLPA

Name:

Email Address:

Phone:

ABESPA License Number (if known):

Supervisor (Primary)

Name:

Email Address:

Phone:

ABESPA License Number:

ASHA Account Number:

Workplace Setting

Facility Name:

Address:

City and State:

Zip Code:

Supervisor (Secondary, if applicable)

Name:

Email Address:

Phone:

ABESPA License Number:

ASHA Account Number:

Arkansas Department of Health
Board of Examiners in Speech-Language Pathology and Audiology
4815 West Markham St., Slot 72, · Little Rock, AR 72205

Additional Workplace Setting (Secondary setting if applicable)

Facility Name:

Address:

City and State:

Zip Code:

Supervisor's Agreement

I, _____ have agreed to provide required and appropriate supervision to _____, registrant for SLPA.

Signature of Primary Supervisor

Date

Signature of Secondary Supervisor

Date