Montana Department of LABOR & INDUSTRY

Supervision Agreement

for Speech-Language Pathology and Audiology

Last updated: 7/30/2026

Submit this form within 10 days of any change in supervision.

Both the supervisor and supervisee must sign to start any new supervision relationship or to end a limited licensee supervision relationship.

Only the assistant is required to sign to end an assistant supervision relationship. (In this case, the supervisor's signature is optional.)

TIP FOR APPLICANTS EARNING HOURS: Whenever you use this form to end a supervision relationship, also fill out an *Hours Completed under Supervision* form so it's ready when you need it later.

Email this completed form to dliesdprd@mt.gov.

Is this to start or end a supervision relationship?

☐ Start ☐ End Date of change:_____

SUPERVISEE

Name:_____

Application or license number (if known):_____

Mailing address:_____

Email address:_____

SUPERVISOR

Name:_____

License number:_____

We the undersigned attest that we understand and meet the requirements in statute and board rule regarding supervision.

Supervisee signature:_____ Date:_____

Supervisor signature:_____ Date:_____