

Supervision Attestation

for the Board of Speech-Language Pathologists and Audiologists

Last updated: 5/7/2025

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 LIMITED LICENSEES: Whenever you use this form to end a supervision relationship, also fill out a *Supervised Experience Summary* form from sipaude.mt.gov so it's ready when you need it later.

Email this completed form to dlibsdsip@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: _____