Washington State Department of HEALTH

Acknowledgment of Responsibility for Interim Permit

Speech-Language Pathology Interim Permit
or
Audiology Interim Permit

To the Supervisor:

Please review **RCW 18.35.060** and the Board of Hearing and Speech, Speech-Language Pathology, and Audiology interim permit rule **WAC 246-828-045**.

To supervise a permit holder, you must be licensed in Washington State and in good standing for at least two years unless otherwise approved by the board.

You shall provide supervisory activities as outlined in **WAC 246-828-04503**.

As supervisor, you are responsible for all acts of the interim permit holder in connection with speech-language pathology or audiology services during the postgraduate professional work experience. An audiologist or speech language pathologist licensed under chapter **18.35 RCW** may supervise up to four interim permit holders concurrently.

The supervisor must submit to the department, on a form provided by the department, documentation of supervision and progress during the postgraduate professional work experience, at the end of each three-month period.

Please review supervision delegation as outlined in **WAC 246-828-04505**.

The supervisor of an interim permit holder who desires to terminate the responsibility as supervisor must immediately notify the department in writing of the termination. The supervisor is responsible for the interim permit holder until the notification of the termination is received by the department.

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Please complete the following documentation and return to the Department of Health

Acknowledgment of Responsibility—to be completed by Supervisor

I, _____ , a licensed Speech Language Pathologist
                       Name of Supervisor

or Audiologist in the state of Washington with license number _____ ,

acknowledge that I will take full responsibility for all acts of _____
                                           Name of Interim Permit Holder

in connection with speech-language pathology or audiology services provided while under my supervision.

Signature of Supervisor _____

Date _____