

**Written Protocol:**  
**Speech-Language Pathology Assistant Collaborative Practice Agreement**  
**Form DH5043-MQA-11/2019**

Print clearly in black ink or type the following information:

SPEECH LANGUAGE PATHOLOGY ASSISTANT APPLICANT NAME: \_\_\_\_\_

License Number: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**GENERAL INFORMATION**

Licensee/Evaluator's Name: \_\_\_\_\_

Evaluator's License Number: \_\_\_\_\_

Evaluator's Business Address: \_\_\_\_\_

Evaluator's Business Phone: \_\_\_\_\_

**ADDITIONAL PRACTICE LOCATIONS:**

Office or Agency Address: \_\_\_\_\_

Office or Agency Phone: \_\_\_\_\_

(additional pages may be added for additional locations)

**EVALUATION PERIOD**

Office or Agency where experience took place: \_\_\_\_\_

Office or Agency Address: \_\_\_\_\_

Office or Agency Phone: \_\_\_\_\_

Dates of the applicant's professional employment experience:

Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_  
Month/Day/Year Month/Day/Year

Average number of hours the assistant worked per week: \_\_\_\_\_

**ACTIVITY**

**Indicate the average number of hours, per week, spent: 1) directly observing the speech-language pathology assistant's services pursuant to Rule 64B20-4.003 (10) 2) supervising services that were planned and designed by speech-language pathology licensee pursuant to Rule 64B20-4.003(4)**

1) Number of Hours Directly Observing Services: \_\_\_\_\_

2) Number of Hours Supervising Planned and Designed Services: \_\_\_\_\_

**DESCRIPTION OF DUTIES OF SPEECH LANGUAGE PATHOLOGY ASSISTANT Rule 64B20-4.003 (4): (check all services in which SLPA has demonstrated competency)**

- Record case history information.
- Screen speech, language or hearing by the use of procedures that are included in published material containing directions for administration and scoring.
- Implement, without diagnostic interpretation, evaluative procedures that are:
  - Planned and designed by the licensee, and
  - Included in published materials which have directions for administration and scoring.
- Implement treatment programs that:
  - Are planned and designed by the licensee to meet pre-established goals, and
  - Contain pre-established criteria for mastery.
- Record, chart, graph or otherwise display data relative to client performance.
- Perform clerical functions necessary to maintain clinical records.
- Report changes in client performance to the licensee having responsibility for that client.
- Prepare clinical materials.
- Test equipment to determine if the equipment is performing according to published specifications.
- Participate with the licensee in research projects, in-service training, public relations programs, or similar activities as planned, designed and directed by the licensee.
- Serve as an interpreter (translator) for the speech-language pathology licensee during clinical procedures.
- Assist in the evaluation or treatment of difficult-to-test clients.

**DESCRIPTION OF DUTIES OF SPEECH LANGUAGE PATHOLOGIST pursuant to Rule 64B20-4.003 (5); pursuant to Rule 64B20-4.004 (4-5):**

- \* Conducting the initial interview with the client.
- \* Performing initial testing or evaluation.
- \* Determining or discussing specific diagnoses with the client or making statements regarding prognosis or levels of proficiency.
- \* Relating or discussing with clients or consumers of services the reports from other professionals or related services
- \* Providing any interpretation or elaboration of information that is contained in reports written by the licensee
- \* Performing any procedure where there is a risk of physical injury as a result of the procedure; specifically, the insertion of tracheoesophageal prostheses or catheter into the esophageal puncture; endoscopy; administration of barium or other substances for the assessment of swallowing; fitting or insertion of tracheal valves or instrumentation for generation of voice; and initial measurements and fitting of oral prostheses.
- \* Devising or planning treatment based upon assessment or diagnostic findings.
- \* Providing counseling to the client or to his or her family.
- \* Making referrals for additional services.
- \* Signing any document with Speech-Language Pathology Assistant signature
- \* Determining patient or client dismissal criteria have been met.
- \* During the first 12 months of continuous employment on at least one occasion, and if treatment is provided, the speech-language pathologist shall directly observe the speech-language pathology assistant's service a minimum of one session every 30 days per client or more frequently depending upon the individual client's needs.
- \* Following the first 12 months of continuous employment on at least one occasion and, if treatment is provided, the speech-language pathologist shall directly observe the speech-language pathology assistant's service a minimum of one session every 60 days or more frequently depending upon the individual client's needs.

**CERTIFICATION**

*I have discussed the Speech-Language Pathology Assistant Collaborative Practice document with the assistant and recommend the assistant to enter into a Written Protocol Agreement. I attest the competency of the assistant to perform duties for which the assistant has been specifically trained, and is authorized to perform under Chapter 468, Part I, F.S., and Rule 64B20-4.003 and Rule 64B20-4.004, F.A.C.*

I certify that the above information is true and correct to the best of my knowledge.

\_\_\_\_\_  
Licensee/Signature of the Evaluator

\_\_\_\_\_  
Date

I have read and discussed this protocol with my evaluator. I certify that the above information is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of the Assistant

\_\_\_\_\_  
Date

In the event that supervising licensee is unavailable, the assistant [ ]\*may [ ] **may not** perform the duties identified in this written protocol under the designated licensee.

\*The designated licensee who has agreed to be available to provide supervision to the assistant when the supervising licensee is not available is:

Licensee Name: \_\_\_\_\_

Licensee Number: \_\_\_\_\_

Licensee's Business Address: \_\_\_\_\_

\_\_\_\_\_  
Licensee/Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of the Assistant

\_\_\_\_\_  
Date

The record signed by both the licensee and the assistant and a copy thereof shall be provided to the assistant and shall be maintained by the supervising licensee and the assistant for the duration of employment working under the protocol and shall be maintained by the assistant and supervising licensee for four years after termination of employment. Upon request of the Department or Board, the supervising licensee and the assistant shall produce the documentation of competency records required in Rule 64B20-4.003, F.A.C.

This form is *not transferrable*

***Written Protocol: Speech-Language Pathology Assistant Collaborative Practice Agreement is valid for one year from date of certification.***