



SLPA CLINICAL TRAINING PLAN

SLPA/Applicant

Name: _____

Address: _____

Phone: _____ Email: _____

Employer: _____

Work Phone: _____ Work Email: _____

Supervising SLP

Name: _____ NV License #: _____

Employer: _____

Work Phone: _____ Work Email: _____

Plan Type (check only one)

New **Date of Request:** _____

Revised Plan: Change in Supervising SLP **Date of Request:** _____

Revised Plan: Change in Supervising SLP and Employer **Date of Request:** _____

Revised Plan: Plan Not Completed within 90 Days **Date of Request:** _____

Please describe why the plan has not been completed and the circumstances requiring an additional 90 days:

Request for Board Review: Extension Beyond 180 Days **Date of Request:** _____

Please describe why the plan has not been completed and the circumstances requiring extension beyond 180 days:

Partial Training Experience

Please indicate the number of hours of clinical observation and assisting training already obtained:

Activity	Total Hours	Location/Source of Training
Clinical Observation		
Clinical Assisting		

Proposed Training Plan

Please indicate the number of training hours planned for each activity listed below in both clinical observation and clinical assisting under the direct supervision of the Supervising SLP to achieve 75 hours:

Clinical Activities		Observation Hours	Assisting Hours
Partial Training Hours Already Completed			
Activity Code	The following tasks may be either observed or assisted by the SLPA and are tasks that may be delegated to the SLPA once the Clinical Training Plan has been successfully completed:		
1	Assisting with client assessment, including, but not limited to setting up the testing environment, gathering and prepping materials, and taking notes.		
2	Administering and scoring progress monitoring tools with no clinical interpretation if all of the following conditions are met: <ul style="list-style-type: none"> • The SLPA meets the examiner requirements specified in the examiner’s manual; and • The Supervising SLP has verified their competence in administration of the tool; and • The Supervising SLP conducts the analysis of the results and signs off on the final score. 		
3	Documenting client performance and reporting this information to the Supervising SLP in a timely manner.		
4	Providing coaching to client caregivers for facilitation and carryover of skills.		
5	Sharing objective information without interpretation or recommendations as directed by the Supervising SLP regarding client performance to clients, caregivers, families, and other service providers.		
6	Assisting clients with augmentative and alternative communication devices and materials as follows: <ul style="list-style-type: none"> • Programming augmentative and alternative communication devices. • Developing low-tech augmentative and alternative communication materials for clients. • Providing training and technical assistance to clients, families, and caregivers in the use of augmentative and alternative communication devices. 		
7	Working with clients who communicate using a language other than English or who are developing English language skills when the Supervising SLP determines they have sufficient prior training and experiences in working with multilingual clients and the specific client’s first language, including: <ul style="list-style-type: none"> • Assisting the Supervising SLP with interpretation and translation during screening and assessment activities without providing clinical interpretation of results; 		

Clinical Activities		Observation Hours	Assisting Hours
	<ul style="list-style-type: none"> Interpreting for clients, families, and caregivers; and Providing services in a client's first language. 		
8	Assisting with administrative tasks to include: <ul style="list-style-type: none"> Clerical duties and site operations such as scheduling, recordkeeping, and maintaining inventory of supplies and equipment. Performing safety checks and maintenance of equipment. Preparing materials for screening, assessment, and treatment services. 		
9	Engaging in prevention, advocacy, and promotion activities related to communication, swallowing, and related disorders with oversight from the Supervising SLP.		
10	Other (please describe):		
11	Interpreting assessment tools for the purpose of diagnosing disability or determining eligibility or qualification for services.		These tasks may ONLY be observed and may NOT be delegated to or assisted by an SLPA.
12	Administering, scoring, or interpreting feeding, swallowing, or other screenings, checklists, or clinical assessment tools.		
13	Interpretation of a client's record or evaluation, identification of any problem of a client, or sharing information with a client or their family.		
14	Diagnosing communication and feeding and swallowing disorders or supporting clients with sensory-based feeding.		
15	Writing, developing, or revising a client's treatment goal(s) or plan of care.		
16	Developing or determining feeding and swallowing strategies and precautions.		
17	Providing vocal therapy treatment to a client.		
18	Selecting an augmentative and alternative communication system or device for a client.		
19	Treating a medically fragile client.		
20	Performing activities that require specialized knowledge and training.		
21	Providing input in a treatment meeting.		
22	Making referrals for additional services.		
23	Discharging a client from services.		
	TOTAL HOURS		

SLPA/Applicant Clinical Training Plan Agreement

Please initial and sign below to indicate your understanding and agreement with the Clinical Training Plan and your related responsibilities:

_____ **I may not:**

- Practice and/or engage in training hours until the Supervising SLP has personally verified that my license has been issued and the Clinical Training Plan has been approved by the Board.
- Practice and/or engage in training hours at any time there is not an approved Clinical Training Plan in place, including transition between employers, Supervising SLPs, or while waiting for approval of a new, revised, or Clinical Training Plan extension.
- Carry an assigned caseload or engage in any practice that does not involve observing and assisting with the caseload assigned to the identified Supervising SLP.

_____ **I must do all/any of the following that apply:**

- Notify the Board immediately if there is a change or end to employment or supervision from the identified Supervising SLP and submit a revised Clinical Training Plan;
- Notify the Board immediately when the Clinical Training Plan has been successfully completed;
- Notify the Board immediately if the Clinical Training Plan expires unsuccessfully and submit a revised Plan.

_____ **I understand that this plan must be completed within 90 days of issuance of my SLPA license or the date of a revised plan, or one of the following will occur:**

- If an initial Clinical Training Plan is not successfully completed after 90 days, a revised plan may be submitted describing the need for the extension and requesting an additional 90 days.
- If a revised plan is not successfully completed after 180 days, a revised plan may be submitted describing the need for the extension and requesting review by the Board to consider further extension.
- If I am experiencing extenuating circumstances, I may request a conversion of my license to inactive status and suspend the Clinical Training Plan until the license is converted back to active status.
- The Board may place my license on inactive status and prohibit me from practicing if:
 - I am required to, but have not completed a Clinical Training Plan; and
 - I do not have an active training plan in place; and/or
 - I do not have an assigned Supervising SLP.

My signature below certifies that I have read and will comply with all applicable provisions of Chapter 637B of the Nevada Revised Statutes (NRS) and Nevada Administrative Code (NAC). I understand that providing false information on this application may result in denial of this application and/or revocation of the license I am applying for and may result in disciplinary or administrative action.

SLPA/Applicant Signature

Date

Supervising SLP Clinical Training Plan Agreement

Please initial & sign below to indicate your understanding and agreement with the Clinical Training Plan and your related responsibilities for supervising the SLPA:

I certify that I meet the requirements established in NAC 637B as amended in LCB File R026-25 to serve as a Supervising SLP and agree to:

_____ Personally verify that the SLPA's license has been issued and the Clinical Training Plan is approved by the Board before beginning the SLPA's clinical training.

_____ Provide direct supervision to the SLPA in accordance with NRS 637B and NAC 637B, totaling no less than 25% of the SLPA's total contact with each client/patient.

_____ Notify the following if I will be unable to supervise the SLPA for more than 1 week: 1) the SLPA, 2) my employer of the expected absence and the need to identify an alternate Supervising SLP; and 3) inform any clients, families of clients, caregivers of clients or other appropriate persons if any services will be rescheduled as a result of the absence.

_____ Acknowledge that I may only serve as a primary Supervising SLP for no more than a combination of the equivalent of 3 full-time Provisional SLPs, SLPAs or Students at one time, and that I must consider my ability to provide appropriate services to clients while providing supervision.

_____ Assume ethical and legal responsibility for the welfare of the clients who receive services from the SLPA under my supervision.

_____ Determine the SLPA's competency level to perform tasks relating to the practice of speech-language pathology.

_____ Evaluate the work of the SLPA.

_____ Document and maintain records of the training provided to and direct supervision of the SLPA.

_____ Provide written notification to the Board immediately if any of the following occur:

- The SLPA is no longer under my supervision.
- I no longer have the same employer as the SLPA.
- The SLPA withdraws from or terminates their employment and/or clinical training.
- I wish to withdraw as the supervisor for SLPA.

_____ Report any concerns I have regarding the SLPA's ethics or competency to the Board, understanding that the Board may place the SLPA's license on inactive status during an investigation of a report.

_____ Notify the Board no later than 5 business days following completion of the Clinical Training Plan and submit required documentation attesting to the total clinical observation and clinical assisting hours completed by SLPA under my direct supervision and the SLPA's competency in all areas.

My signature below certifies that I have read and will comply with all applicable provisions of Chapter 637B of the Nevada Revised Statutes (NRS) and Nevada Administrative Code (NAC). I understand that failure to do so may result in disciplinary or administrative action.

Supervising SLP Signature

Date



SLPA CLINICAL TRAINING PLAN Record of Supervision

SLP Assistant Name: _____

License #: _____

Supervising SLP Name: _____

License #: _____

*** REMINDER *** Clinical Training Plan experience may not begin until: the SLPA license has been issued – AND – 2) the Supervising SLP has personally verified the license status. Please use a separate form for each Supervising SLP.

Instructions

- Using the activity codes on page 2, please record all training completed.
- Print additional pages of page 3 as necessary.
- Once training is complete, please complete and submit this form with all log pages verifying the total training hours reflected on this form.

This form and the *SLPA Completion of Clinical Training Plan & Competency Evaluation* form must be submitted to the Board within 5 days of completion of the Clinical Training Plan.

Activity Codes

Assisting or Observing	
1	Assisting with client assessment, including, but not limited to setting up the testing environment, gathering and prepping materials, and taking notes.
2	Administering and scoring progress monitoring tools with no clinical interpretation if all of the following conditions are met: <ul style="list-style-type: none"> • The SLPA meets the examiner requirements specified in the examiner’s manual; and • The Supervising SLP has verified their competence in administration of the tool; and • The Supervising SLP conducts the analysis of the results and signs off on the final score.
3	Documenting client performance and reporting this information to the Supervising SLP in a timely manner.
4	Providing coaching to client caregivers for facilitation and carryover of skills.
5	Sharing objective information without interpretation or recommendations as directed by the Supervising SLP regarding client performance to clients, caregivers, families, and other service providers .
6	Assisting clients with augmentative and alternative communication devices and materials including: Programming augmentative and alternative communication devices; Developing low-tech augmentative and alternative communication materials for clients; and Providing training and technical assistance to clients, families, and caregivers in the use of augmentative and alternative communication devices.
7	Working with clients who communicate using a language other than English or who are developing English language skills when the Supervising SLP determines they have sufficient prior training and experiences in working with multilingual clients and the specific client’s first language, including: <ul style="list-style-type: none"> • Assisting the Supervising SLP with interpretation and translation during screening and assessment activities without providing clinical interpretation of results; • Interpreting for clients, families, and caregivers; and • Providing services in a client’s first language.
8	Assisting with administrative tasks to include: <ul style="list-style-type: none"> • Clerical duties and site operations such as scheduling, recordkeeping, and maintaining inventory of supplies and equipment; • Performing safety checks and maintenance of equipment; and • Preparing materials for screening, assessment, and treatment services.
9	Engaging in prevention, advocacy, and promotion activities related to communication, swallowing, and related disorders with oversight from Supervising SLP.
10	Other
Observation Only	
11	Interpreting assessment tools for the purpose of diagnosing disability or determining eligibility or qualification for services.
12	Administering, scoring, or interpreting feeding, swallowing, or other screenings, checklists, or clinical assessment tools.
13	Interpretation of a client’s record or evaluation, identification of any problem of a client, or sharing information with a client or their family.
14	Diagnosing communication and feeding and swallowing disorders or supporting clients with sensory-based feeding.
15	Writing, developing, or revising a client’s treatment goal(s) or plan of care.
16	Developing or determining feeding and swallowing strategies and precautions.
17	Providing vocal therapy treatment to a client.
18	Selecting an augmentative and alternative communication system or device for a client.
19	Treating a medically fragile client.
20	Performing activities that require specialized knowledge and training.
21	Providing input in a treatment meeting.
22	Making referrals for additional services.
23	Discharging a client from services.



Speech-Language Pathology Assistant Verification of Academic Clinical Observation and Assisting Experience

Per NAC 637B, as revised in LCB File R026-25, an applicant for a license to practice as a Speech-Language Pathology Assistant (SLPA) who is a new graduate and holding a bachelor's degree or master's degree in speech-language pathology or communication sciences and disorders awarded by an educational institution must provide proof of completion of any clinical observation and/or clinical assisting experience while earning the degree. Completion may be confirmed through the academic transcript or verified by the Registrar, Dean, or Department Head of the issuing institution, or the SLP who supervised the clinical experience.

Student Name: _____

Institutional Student ID#: _____

College/University: _____

City/State: _____

TO BE COMPLETED BY THE REGISTRAR, DEAN, DEPARTMENT HEAD, OR SUPERVISING SLP

Degree Awarded: _____ Date Awarded: _____

Field of Study: _____

Training Start Date: _____ Training End Date: _____

Location of Clinical Training: _____

Total Clinical Hours: _____ Observation Hours: _____ Assisting Hours: _____

Please indicate the number of clinical training hours earned in speech-language pathology or communication sciences and disorders (enter "0" if none accrued):

Name of Person Completing Form: _____

Title: Registrar Dean Department Head Supervising SLP Other: _____

Employer & Address: _____

Email: _____ Phone: _____

I attest that the verification of clinical experience is true and accurate.

Signature

Date



SLPA CLINICAL TRAINING PLAN Completion & Competency Evaluation

SLP Assistant Name: _____ License #: _____

Supervising SLP Name: _____ License #: _____

Total Hours Completed		Competency Rating
Total Observation Hours		
Total Assisting Hours		

Activity Code	Activity Description	Observation Hours	Assisting Hours	Needs Improvement	Competent
1	Assisting with client assessment, including, but not limited to setting up the testing environment, gathering and prepping materials, and taking notes.				
2	Administering and scoring progress monitoring tools with no clinical interpretation if all of the following conditions are met: <ul style="list-style-type: none"> • The SLPA meets the examiner requirements specified in the examiner’s manual; and • The Supervising SLP has verified their competence in administration of the tool; and • The Supervising SLP conducts the analysis of the results and signs off on the final score. 				
3	Documenting client performance and reporting this information to the Supervising SLP in a timely manner.				
4	Providing coaching to client caregivers for facilitation and carryover of skills.				
5	Sharing objective information without interpretation or recommendations as directed by the Supervising SLP regarding client performance to clients, caregivers, families, and other service providers.				
6	Assisting clients with augmentative and alternative communication devices and materials including Programming augmentative and alternative communication devices; Developing low-tech augmentative and alternative communication materials for clients; and Providing training and technical assistance to clients, families, and caregivers in the use of augmentative and alternative communication devices.				

Activity Code	Activity Description	Observation Hours	Assisting Hours	Needs Improvement	Competent
7	Working with clients who communicate using a language other than English or who are developing English language skills when the Supervising SLP determines they have sufficient prior training and experience working with multilingual clients and the specific client's first language, including: <ul style="list-style-type: none"> Assisting the Supervising SLP with interpretation and translation during screening and assessment activities without providing clinical interpretation of results; Interpreting for clients, families, and caregivers; and Providing services in a client's first language. 				
8	Assisting with administrative tasks to include: <ul style="list-style-type: none"> Clerical duties and site operations such as scheduling, recordkeeping, and maintaining inventory of supplies and equipment; Performing safety checks and maintenance of equipment; Preparing materials for screening, assessment, and treatment services. 				
9	Engaging in prevention, advocacy, and promotion activities related to communication, swallowing, and related disorders with oversight from the Supervising SLP.				
10	Other:				
	Other:				
	Other:				
11	Interpreting assessment tools for the purpose of diagnosing disability or determining eligibility or qualification for services.				
12	Administering, scoring, or interpreting feeding, swallowing, or other screenings, checklists, or clinical assessment tools.				
13	Interpretation of a client's record or evaluation, identification of any problem of a client, or sharing information with a client or their family.				
14	Diagnosing communication and feeding and swallowing disorders or supporting clients with sensory-based feeding.				
15	Writing, developing, or revising a client's treatment goal(s) or plan of care.				
16	Developing or determining feeding and swallowing strategies and precautions.				
17	Providing vocal therapy treatment to a client.				
18	Selecting an augmentative and alternative communication system or device for a client.				
19	Treating a medically fragile client.				
20	Performing activities that require specialized knowledge and training.				
21	Providing input in a treatment meeting.				
22	Making referrals for additional services.				
23	Discharging a client from services.				

These tasks may ONLY be observed and may NOT be delegated to or assisted by an SLPA.

SLP Assistant Certification

I declare, under penalty of perjury, all the information supplied herein is to the best of my knowledge true, accurate and complete and I have not withheld, misrepresented, or falsely stated any information relevant to my training or experience or my fitness to practice as a Speech Language Pathology Assistant.

SLP Assistant Signature

Date

Supervising SLP Certification

I have provided direct supervision of the licensed SLPA that included no less than 25% of the speech-language pathology assistant's total contact with each client/patient, and the licensed SLPA only observed and assisted with my assigned caseload.

Clinical Training Plan Start Date: _____ Clinical Training Plan End Date: _____

Location of Clinical Training: _____

Total Clinical Hours: _____ Observation Hours: _____ Assisting Hours: _____

Supervising SLP Signature

Date