

SLPA SUPERVISOR INFORMATION

SLPA Registrant Name:

Last First Middle Maiden

Name of Primary Supervisor: _____
(PRINT NAME) Last First Middle

TN License Number of Primary Supervisor
(Supervisor must be 2 years post-CFY)

Primary Supervisor Address: _____

Phone: _____ **Email address:** _____

I, _____ have agreed to provide required and appropriate supervision to
_____, registrant for SLPA.

Signature of Primary Supervisor **Date**

Name of Alternate Supervisor: _____
(PRINT NAME) Last First Middle

TN License Number of Alternate Supervisor
(Supervisor must be 2 years post-CFY)

Alternate Supervisor Address: _____

Phone: _____ **Email address:** _____

Signature of Alternate Supervisor **Date**

NOTE: If changing the PRIMARY supervisor, please make sure to include a written training plan, signed by the primary supervisor and the SLPA.