



# Guam Board of Allied Health Examiners

194 Hernan Cortez Ave. Terlaje Professional Building, Suite 213

Hagatna, Guam 96910

Website: <https://guamhplo.org/gbahe>

Contact No.: (671) 735-7404/08-12

## Supervisory Form for Licensed SLP Assistants

**Initial** Date: \_\_\_\_\_  **Renewal** Date: \_\_\_\_\_  **Updated** Date: \_\_\_\_\_

SLP-A BACHELOR or  SLP-A MASTER

### IDENTIFICATION:

Name: \_\_\_\_\_ License #: \_\_\_\_\_ Sex: \_\_\_ M \_\_\_ F  
Last First Middle Maiden

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Guam Permanent Address: \_\_\_\_\_

Guam Mailing Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Current Employer: \_\_\_\_\_  
Name Address

Supervisor/Administrator: \_\_\_\_\_  
Name Office Location Contact #

### EDUCATIONAL INFORMATION:

College/University: \_\_\_\_\_ Degree: \_\_\_\_\_ Date Graduated: \_\_\_\_\_  
Name City/State

**Primary Supervisor:** \_\_\_\_\_ ASHA CCC#: \_\_\_\_\_ Guam SLP Lic#: \_\_\_\_\_  
 Agency/Company: \_\_\_\_\_ Address: \_\_\_\_\_  
 Contact #: \_\_\_\_\_ Email: \_\_\_\_\_  
**Signature of Primary Supervisor:** \_\_\_\_\_ Date: \_\_\_\_\_

(In the event primary supervisor is off island)

**Secondary Supervisor:** \_\_\_\_\_ ASHA CCC#: \_\_\_\_\_ Guam SLP Lic#: \_\_\_\_\_  
 Agency/Company: \_\_\_\_\_ Address: \_\_\_\_\_  
 Contact #: \_\_\_\_\_ Email: \_\_\_\_\_  
**Signature of Secondary Supervisor:** \_\_\_\_\_ Date: \_\_\_\_\_

**Additional Supervisor:** \_\_\_\_\_ ASHA CCC#: \_\_\_\_\_ Guam SLP Lic#: \_\_\_\_\_  
 Agency/Company: \_\_\_\_\_ Address: \_\_\_\_\_  
 Contact #: \_\_\_\_\_ Email: \_\_\_\_\_  
**Signature of Additional Supervisor:** \_\_\_\_\_ Date: \_\_\_\_\_

**Additional Supervisor:** \_\_\_\_\_ ASHA CCC#: \_\_\_\_\_ Guam SLP Lic#: \_\_\_\_\_  
 Agency/Company: \_\_\_\_\_ Address: \_\_\_\_\_  
 Contact #: \_\_\_\_\_ Email: \_\_\_\_\_  
**Signature of Additional Supervisor:** \_\_\_\_\_ Date: \_\_\_\_\_

**SLP-A Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

Review By GBAHE Board Member: \_\_\_\_\_ Date: \_\_\_\_\_