ASLP-IC

Audiology & Speech-Language Pathology
Interstate Compact

ASLP-IC Delegate Appointment Form

Pursuant to (*state statutory reference*), I am the duly authorized representative of the appropriate appointing authority for the Audiology and Speech-Language Pathology Interstate Compact. In consultation with the agency/board that is responsible for the licensing and regulation of audiologists and/or speech-language pathologists, I have made the appointments described below.

(*Name*)_____is appointed as the Audiology (AuD) Delegate by the (*State*) agency responsible for the licensing and regulation of audiologists and/or speech-language pathologists. This delegate is a current member of the agency responsible for the licensing and regulation of audiologists and/or speech-language pathologists and shall be entitled to one (1) vote regarding the promulgation of rules and creation of bylaws and shall otherwise have an opportunity to participate in the business and affairs of the Commission, subject to the terms of the ASLP-IC. They can be reached at (*phone number)* and (*email*).

(*Name*)_____is appointed as the Speech-Language Pathology (SLP) Delegate by the (*State*) agency responsible for the licensing and regulation of audiologists and/or speech-language pathologists. This delegate is a current member of the agency responsible for the licensing and regulation of audiologists and/or speech-language pathologists and shall be entitled to one (1) vote regarding the promulgation of rules and creation of bylaws and shall otherwise have an opportunity to participate in the business and affairs of the Commission, subject to the terms of the ASLP-IC. They can be reached at (*phone number)* and (*email*).

Optional: (*Name*)_____is appointed as the authorized temporary representative in the unavoidable absence of the appointed AuD delegate at meetings. They can be reached at (*phone number)* and (*email*). The delegate must notify the commission in advance of any meeting if the temporary representative will be attending on their behalf. The temporary representative is the only individual authorized to vote on behalf of the delegate unless a new temporary representative is appointed utilizing this form.

Optional: (*Name*)_____is appointed as the authorized temporary representative in the unavoidable absence of the appointed SLP delegate at meetings. They can be reached at (*phone number)* and (*email*). The delegate must notify the commission in advance of any meeting if the temporary representative will be attending on their behalf. The temporary representative is the only individual authorized to vote on behalf of the delegate unless a new temporary representative is appointed utilizing this form.

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In order to participate and vote at any meeting of the Commission, both the delegate and the temporary representative must first execute and return the attached Code of Conduct form to be kept on file with the Commission. If the appointee(s) is no longer eligible to serve on the Commission because they are no longer a member of the agency/board, it is incumbent on the appointing authority to notify the Commission immediately.

These appointments are effective *mm/dd/yyyy*. If you need additional information regarding this appointment, please contact (*name*) in my office at (*phone number*) or (*email*).

Sincerely,

_____

(Title)
(Organization)