

**BOARD OF EXAMINERS FOR SPEECH-LANGUAGE PATHOLOGY
AND AUDIOLOGY
PO BOX 53592
OKLAHOMA CITY, OK 73152**

REPORT OF CLINICAL FELLOWSHIP

TYPE OR PRINT CLEARLY: (COMPLETE EVERY SECTION)

NAME: _____

HOME ADDRESS: _____
STREET CITY STATE ZIP

HOME #: _____ **CELL #:** _____

COMPANY NAME DURING CF: _____

WORK: _____
STREET CITY STATE ZIP

WORK#: _____

NAME OF SUPERVISOR: _____ **OK LICENSE #:** _____

SUPERVISORS CONTACT #: _____

COMPANY NAME AFTER CF: _____

ADDRESS: _____
STREET CITY STATE ZIP

WORK#: _____

1. START DATE OF CF: _____ **COMPLETION DATE OF CF:** _____

2. NUMBER OF WEEKS OF SUPERVISED CLINICAL FELLOWSHIP: _____ (**MINIMUM 9 MONTHS**)

**3. NUMBER OF HOURS PER WEEK OF PAID PROFESSIONAL EXPERIENCE IN SPEECH-LANGUAGE
PATHOLOGY:** _____

4. NUMBER OF INSTANCES OF SUPERVISORY MONITORING: (**MINIMUM 36**) _____

Supervisory monitoring activities can include correspondence, videotape, audiotape, review of clinical records, phone conferences, evaluation by professional colleagues, consultation with clients and families.

**5. NUMBER OF ON-SITE OBSERVATIONS OF DIRECT CLIENT CONTACT AT
CLINICAL FELLOWSHIP'S WORKSITE:** (**MINIMUM 18**) _____

REPORT OF ON-SITE CLINICAL OBSERVATIONS

Date/Type/ # of Hours	Date/Type/ # of Hours	Date/Type/ # of Hours	Date/Type/ # of Hours
<i>Example: 5-1-07 / S / 2 Hrs</i>			

- * 1 hour =1 on-site observation
- * At least 6 on-site observations must have been accrued during each third of the Clinical experience
- * A MAXIMUM of six (6) on-site observations may be accrued in one (1) day.
- * On-site observation should include observations of:
 Screening (S), Evaluation/Assessment (E), Habilitation (H), and Rehabilitation (R).

() I recommend _____ for SLP licensure.
 () I do not recommend _____ for SLP licensure.

Reasons and Recommendations:

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Applicant's Signature: _____ **Date:** _____

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Supervisor's Signature: _____ **Date:** _____

**ATTACH CHECK HERE:
 (PLEASE DO NOT TAPE)**