

Proposed Employment Setting for Supervised Experience

Note: Even if you have a job offer in Oregon pending licensure you MAY NOT start employment before receiving your license.

A person with a Conditional License must be supervised 100% of the time until receiving a regular SLP license, even after completion of the post-graduate supervised clinical experience.

You may have more than one part-time job during your CF, however you must be supervised in all settings. Submit this page for each setting/supervisor.

The post-graduate supervised clinical experience must be more than 5 hours per week. Working more than 35 hours per week will not shorten the minimum requirement of 36 weeks.

After completion of your post-graduate supervised clinical experience, you MAY NOT practice independently as an SLP before upgrading your Conditional license to a regular SLP license, even if you have been granted your ASHA CCCs.

Name of Conditional Licensee: _____

Supervised Experience Begin Date: _____ End Date: _____

Supervisor Information

Name: _____
Last First MI

Oregon License # or TSPC & ASHA #s: _____

Mailing Address: _____
Street

_____ City State Zip Code

Employer: _____

Employer Address: _____
Street

_____ City State Zip Code

Telephone: _____
Day Evening

Hours spent per week in Speech-Language Pathology: _____

Hours spent per week in Audiology: _____

Responsibilities

Both the applicant and the supervisor must initial each box to show that the proposed post-graduate supervised clinical experience meets the requirements set by the Board in OAR335-060-0006(2).

Requirements	Applicant	Supervisor
Supervised by an SLP who holds Board License or TSPC License & ASHA CCCs	<input type="checkbox"/>	<input type="checkbox"/>
A minimum of 35 hours per week for 36 weeks of practice, or its equivalent, for a total of not less than 1,260 hours	<input type="checkbox"/>	<input type="checkbox"/>
A minimum of 80% of the hours spent in direct client/patient contact (assessment/diagnosis/evaluation, screening, treatment, report writing, family/client consultation, and/or counseling), with the remainder in related record keeping and administrative duties.	<input type="checkbox"/>	<input type="checkbox"/>

I have discussed my plan for supervised employment with my supervisor and agree to its implementation.

Applicant signature Date

I have discussed the foregoing plan for supervised employment with the above-named applicant and agree to its implementation. I hold an active speech-language pathology license issued by the Oregon Board of Examiners for Speech-Language Pathology & Audiology or ASHA CCCs.

Supervisor signature Date