



**Section II: Verification of Supervised Experience**

**Instructions to the Supervisor:** Complete this section and return both pages of this form directly to the Office of the Professions at the address at the end of the form. Do not return this form to the applicant. **This form will not be accepted if returned by the applicant. Please be sure the return address is that of the supervisor or the agency.**

**Supervised Experience Requirements**

To successfully complete the supervised experience in Speech Language Pathology the applicant must meet all the following requirements:

- Complete at least 36 weeks of supervised experience within any four-year period following completion of the educational program. (A week of acceptable experience is defined as not less than 35 clock hours.)
- If the experience is part-time, it must be accumulated at the rate of not less than 12 hours per week for continuous periods of not less than six months.
- Supervision of the experience shall include meeting with and observing the applicant on a regular basis to review and evaluate the supervised experience and to foster professional development; regular observation of the applicant while the applicant is providing assessment and intervention services; and take place at the beginning of the treatment and periodically throughout the treatment. The supervisor shall be familiar with the applicant's treatment plans, have ongoing involvement in the care provided, and review the need for ongoing services. Please note that the New York State Board for Speech-Language Pathology & Audiology recommends a minimum of 3 hours per week of direct supervision.

Audiology applicants should review the Web site at [www.op.nysed.gov/prof/slpa/](http://www.op.nysed.gov/prof/slpa/) or contact the Audiology Board office by e-mailing [speechbd@mail.nysed.gov](mailto:speechbd@mail.nysed.gov) for a description of experience requirements.

**Guidelines for Professional Competence**

General - The applicant

1. Demonstrates ability to communicate effectively.
2. Demonstrates understanding of human growth and development.
3. Demonstrates professional responsibility and conduct.
4. Displays understanding of the roles and responsibilities of other professionals and the importance of interdisciplinary cooperation.

Specific - The applicant

1. Applies a functional understanding of communication development in the delivery of clinical services.
2. Uses appropriate, representative methods and materials in diagnosis/assessment.
3. Effectively uses appropriate equipment in diagnosis/assessment and treatment/remediation.
4. Plans, organizes, and implements an effective and efficient treatment/remediation program.
5. Displays a fundamental knowledge of the principles underlying the treatment/remediation of communication disorders, uses appropriate methods and techniques in the provision of services, and maintains appropriate records.

**Attestation**

Name of Applicant: \_\_\_\_\_  
(Section I, item 3)

The applicant named above:  has successfully completed \_\_\_\_\_ weeks of supervised experience as outlined above.  
 has not successfully completed a supervised experience as outlined above.

Comments (please attach a separate sheet, if additional space is needed): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I declare that I have completed the above form and that the statements made are true, complete and correct.

Signature of supervisor \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo. day yr.

Print or type name \_\_\_\_\_

New York State License Number \_\_\_\_\_ ASHA number (if applicable) \_\_\_\_\_

If not licensed in New York State, list all jurisdictions where you are licensed \_\_\_\_\_

**Return Directly to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Speech-Language Pathology and Audiology Unit, 89 Washington Avenue, Albany, NY 12234-1000.**