



**B. APPLICANT EXPERIENCE INFORMATION:**

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Site: \_\_\_\_\_

Address: \_\_\_\_\_

Site: \_\_\_\_\_

Address: \_\_\_\_\_

If more than 2 sites, please attach an additional sheet of paper listing the name and address of each site.

1. Beginning date of supervised period: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Ending date of supervised period: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo. day yr. mo. day yr.

2. Average hours per week worked by applicant: \_\_\_\_\_

3. Do these dates include employment over summer months?  Yes  No

**C. NATURE OF APPLICANT'S EXPERIENCE:**

Indicate the anticipated hours per week of the applicant's time that will be devoted to various activities and the hours per week of supervision that you will provide:

	APPLICANT ACTIVITY	SUPERVISORY ACTIVITY
	Hrs. per week	Direct Observation Hrs. per week
1. Diagnosis, Evaluation and Testing	_____	_____
2. Screening	_____	_____
3. Habilitation and Rehabilitation	_____	_____
4. Consultation and Conference	_____	_____
5. Staff Meeting	_____	_____
6. Instruction	_____	_____
7. Preparation and Record keeping	_____	_____
8. Other (Specify) _____	_____	_____
_____	_____	_____
<b>TOTAL</b>	_____	_____

**D. APPLICANT/SUPERVISOR/EMPLOYER CERTIFICATION OF AGREEMENT TO THE PLAN FOR SUPERVISION**

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

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

**Employer Certification**

If supervisor is not the employer (i.e.; doesn't directly pay salary and benefits), employment must be verified by an official administrator other than the supervisor.

As employer of the applicant, I agree to the proposed plan of supervision:

\_\_\_\_\_  
 Signature \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Title (please print) mo. day yr.

**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.**