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. This includes training or orientation.

A person with a Conditional License must be supervised and may not practice independently during your post-graduate supervised clinical experience.

After completing your post-graduate supervised clinical experience you must remain under supervision until receiving a regular SLP license. ASHA CCCs are not a license to practice.

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.

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Name of Conditional Licensee: _ Supervised Experience Begin Date: ______ End Date: _____ **Supervisor Information** Name: ____ First Oregon License # or TSPC & ASHA #s: Mailing Address: Employer: Employer Address: Telephone: __ Hours spent per week in Speech-Language Pathology: List all work locations for the proposed supervised experience: ___ 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). Records of supervision must be available for inspection by the Board at any and all times and maintained for up to seven years.

Requirements	Applicant	Supervisor
The supervisor shall manage and direct the duties and functions of the conditional licensee and oversee the work performed by the conditional licensee.		
The supervisor shall keep records of the tasks performed by the conditional licensee and whether the work is performed competently.		
Supervision must be provided to meet requirements for the supervised clinical experience as defined in OAR 335-060-0006.		
A supervisor must hold an active license in speech-language pathology issued by the Board or hold their Certificate of Clinical Competency in Speech-Language Pathology issued by the American Speech-Language Hearing Association.		

I have discussed my plan for sagree to its implementation.	supervised employment with my super	rvisor and
	Applicant signature	Date
	g plan for supervised employment wit plementation. I have read and unders	

gon rules and statutes and agree to abide by the standards of supervision in OAR 335-080-

Supervisor signature	Date