

**VERIFICATION OF SUPERVISED POST-GRADUATE PROFESSIONAL EXPERIENCE**

BOARD OF EXAMINERS FOR SPEECH-LANGUAGE PATHOLOGY  
810 North Main #298  
Spearfish, SD 57783  
(605) 642-1600

Please Type or Print in Blue or Black Ink

Applicant's Name: \_\_\_\_\_  
(Last) (First) (M.I.)

**TO BE COMPLETED BY SUPERVISING SPEECH-LANGUAGE PATHOLOGIST**

The above-named individual has applied for licensure as a Speech-Language Pathologist in the State of South Dakota. South Dakota licensing law requires verification of completion of 9 months of full-time supervised post-graduate professional experience in Speech-Language Pathology by a licensed Speech-Language Pathologist. You are being asked to certify the experience of this applicant. Attesting to this applicant's experience is a vital element of the licensing process. Any misstatements by a licensed Speech-Language Pathologist in completing this form may constitute unethical or unprofessional conduct.

Please return the completed form directly to the Board office. The application for licensure cannot be processed until this completed form is received by the Board.

1. Name, address and phone number of agency where experience was obtained:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Name, address and phone number of Speech-Language Pathologist responsible for supervising the applicant's experience:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. State where Supervisor is licensed: \_\_\_\_\_

Supervisor License #: \_\_\_\_\_

Date License Originally Issued: \_\_\_\_\_

Expiration Date of License: \_\_\_\_\_

Were you a licensed Speech-Language Pathologist for at least 3 years prior to supervising the applicant? Yes  No

Is the License Current: Yes  No

4. Inclusive dates of applicant's experience:

Starting date: \_\_\_\_\_ to Completion Date: \_\_\_\_\_

5. Applicant's job title during experience: \_\_\_\_\_

(Over)

6. Applicant worked: Full-Time  Part-Time

7. The Applicant averaged \_\_\_\_\_  
(Hours/week)
8. Did the applicant receive any disciplinary action while employed? If yes, please explain.  
Attach a separate sheet if necessary.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
9. Has the applicant successfully completed a supervised post-graduate professional  
experience of 9 months while under your supervision? Yes  No

I declare and affirm under the penalties of perjury that this form has been examined by me, and  
to the best of my knowledge and belief, is in all things true and correct.

\_\_\_\_\_  
Printed Name of Supervisor

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date (mm/dd/yyyy)