

VERIFICATION OF COMPLETED SUPERVISED PRACTICUM (SLPA's)

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 Pathology Assistant in the State of South Dakota. South Dakota licensing law requires verification of completion of 100 clock hours of supervised 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 clinical practicum of a minimum
of one hundred clock hours while under your supervision? Yes No

****If you are not ASHA certified this form should be mailed in with your application materials.**

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)