



**OKLAHOMA BOARD OF EXAMINERS FOR SPEECH-LANGUAGE
PATHOLOGY AND AUDIOLOGY**

3700 N Classen Blvd Ste. 248 Oklahoma City, OK. 73118
Oklahoma.gov/OBESPA

CHANGE OF SUPERVISION FOR CLINICAL FELLOW

LICENSEE'S INFORMATION

1. Licensee's Name:			2. CF License Number:		
_____	_____	_____	_____		
First	Last	Middle Int.			
3. Address:					

P.O. Box, Street Number, Street Name, City, State, Zip Code					
4. Licensee's Email Address:			5. Licensee's Phone Number:		
_____			_____		
6. Please Check one of the following:					
<input type="checkbox"/> Additional Supervisor OR <input type="checkbox"/> Replacing Current Supervisor					
If Replacing, Name of Current Supervisor Replacing:					

NEW SUPERVISOR INFORMATION

7. Supervisor's Name:			8. Supervisor's License Number:		
_____	_____	_____	_____		
First	Last	Middle Int.			
9. Name of Employer:			10. Employer Phone Number:		
_____			_____		
11. Employer Address:					

P.O. Box, Street Number, Street Name, City, State, Zip Code					
12. Proposed Start Date:			13. Full-Time (30hrs or more a week) <input type="checkbox"/>		
_____			OR		
			Part-Time (30hrs or less a week) <input type="checkbox"/>		

I UNDERSTAND THAT I AM RESPONSIBLE TO READ AND FOLLOW ALL LAWS IN THE OKLAHOMA SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY LICENSING ACT, TITLE 59, SECTION 1601, ET.SEQ AND THE RULES OF THE BOARD OF EXAMINERS FOR SPEECHLANGUAGE PATHOLOGY AND AUDIOLOGY, OKLAHOMA ADMINISTRATIVE CODE TITLE 690

SUPERVISORS SIGNATURE

CLINICAL FELLOWS SIGNATURE

LETTERS OF AGREEMENT FOR SUPERVISED PRACTICE OF
SPEECH-LANGUAGE PATHOLOGY

To be completed by the licensed speech-language pathologist

Clinical Fellows Name: _____

I acknowledge that I have read and that I do understand the laws and rules of the Board pertaining to the use of supervised clinical fellows. I agree to conduct the supervision of the above-named applicant according to the laws, rules, and ethics applicable to practice as a clinical fellow. I assert that in making this agreement, I take full legal and ethical responsibility for this applicant's speech-language pathology activities and services as provided in the Rules of the Board.

Signature of Supervisor

License Number

Print Name

Date

LETTERS OF AGREEMENT FOR SUPERVISED PRACTICE OF
SPEECH-LANGUAGE PATHOLOGY

To be completed by the clinical fellow

Supervisors Name: _____

I acknowledge that I have read and that I do understand the laws and rules of the Board, specifically those provisions pertaining to the supervised practice under the direction of a licensed speech-language pathologist. I agree to conduct myself according to the laws, rules, and ethics applicable to such work. I further assert that I understand that approval granted by the Board is for supervised speech-language pathology activities and services only, and that any representation to the public that I am an independent practitioner will lead to automatic revocation of licensure.

Signature of Clinical Fellow

Date

Print Name