



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

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

**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