

BOARD OF EXAMINERS FOR SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY
3700 N Classen Blvd. Ste 248
Oklahoma City, Ok. 73118

PLAN FOR CLINICAL FELLOWSHIP

PLEASE PRINT:

Applicant Name: _____

Employer: _____ Employers Telephone: _____

Address of Employer: _____

City: _____ State: _____ Zip Code: _____

Supervisors Name: _____

Supervisors Okla. License # _____ OR ASHA# _____

Projected starting date of supervised CF: _____

Number of hours per week of paid fellowship: _____

"Full-time" is defined as 30+ hours of paid fellowship per week. OBESPA allows thirty-six (36) weeks to complete.

"Part-time" is defined as 15 to 29 hours of paid fellowship per week. OBESPA allows seventy-two (72) weeks to complete.

Applicant's Signature

Supervisor's Signature

Date

Date

For Supervision of Clinical Fellows see rule 690:10-3-5
For Requirements of Clinical Fellowship see rule 690:10-3-6