

**BOARD OF EXAMINERS FOR SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY
3700 N CLASSEN BLVD, STE 248
OKLAHOMA CITY, OK 73118**

**CHANGE OF SUPERVISION FOR SPEECH-LANGUAGE PATHOLOGY
CLINICAL FELLOW**

NAME: _____ CF#: _____
FIRST MIDDLE LAST / MAIDEN

HOME ADDRESS: _____
STREET CITY STATE ZIP

HOME PHONE #: _____ CELL PHONE #: _____

EMAIL ADDRESS: _____

PLEASE CHECK ONE OF THE FOLLOWING:

ADDITIONAL SUPERVISOR OR REPLACING CURRENT SUPERVISOR

IF REPLACING, NAME OF SUPERVISOR REPLACING: _____

NAME OF NEW SUPERVISOR: _____ LICENSE #: _____

PLEASE CHECK ONE OF THE FOLLOWING:

SUPERVISOR HAS MAILED CERTIFICATES FOR 6 HOURS OF TRAINING

ATTACHED IS SUPERVISOR'S CERTIFICATES FOR 6 HOURS OF TRAINING

COMPANY NAME: _____

WORK ADDRESS: _____
STREET CITY STATE ZIP

WK PHONE #: _____

PROPOSED STARTING DATE: _____ HOURS WORK PER WEEK: _____

**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 SPEECH-
LANGUAGE PATHOLOGY AND AUDIOLOGY, OKLAHOMA ADMINISTRATIVE CODE TITLE 690.**

SUPERVISORS SIGNATURE

CLINICAL FELLOW SIGNATURE

**LETTER OF AGREEMENT FOR THE SUPERVISED PRACTICE
OF SPEECH-LANGUAGE PATHOLOGY**

This is to be completed by the licensed speech-language pathologist

I, _____ do hereby consent to supervise
_____ during the completion of his, or her, supervised
experience. I do hereby acknowledge that I have read and that I do understand the
laws and Rules of the Board pertaining to the use of supervised staff members. I
agree to conduct the supervision of the above-named applicant according to the
laws, rules, and ethics applicable to private practice. I do further assert that in
making this agreement, I do 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 Licensed Supervisor

Date Signed

**LETTER OF AGREEMENT FOR THE SUPERVISED PRACTICE
OF SPEECH-LANGUAGE PATHOLOGY**

This is to be completed by the clinical fellow

I, _____ hereby apply to the Oklahoma State Board of Examiners for Speech-Language Pathology and Audiology for approval to work under the supervision of _____. I do hereby acknowledge that I have read and do understand Board Statutes and Rules, specifically those provisions pertaining to supervised practice under the direction of licensed speech-language pathologists. 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 approval to work.

Signature of Licensee

Date Signed