

Proposed Employment Setting for Supervised Experience

Supervised Experience Begin Date: _____ End Date: _____

Supervisor Information

Name: _____
Last First MI

Oregon License #: _____

Mailing Address: _____
Street

City State Zip Code

Employer: _____

Employer Address: _____
Street

City State Zip Code

Telephone: _____
Day Evening

Hours to spent per week in Speech-Language Pathology: _____

Hours to spent per week in Audiology: _____

Responsibilities

Write an estimation of hours per week to be spent in each activity below.

Assessment, Diagnostic/Evaluation:		Staff Meetings:	
Inservice Training:		Screening Tests:	
Habilitation / Rehabilitation:		Record Keeping:	
Other (Specify): _____ _____		Total Hours Per Week:	min. 15

I have discussed my plan for supervised employment with my supervisor and agree to its implementation.

Applicant signature Date

I have discussed the foregoing plan for supervised employment with the above-named applicant and agree to its implementation. I hold an active speech-language pathology license issued by the Oregon Board of Examiners for Speech-Language Pathology & Audiology.

Supervisor signature Date



Make sure to request your Master's Degree Transcripts from your school. If you have a sealed copy of the transcripts, you can send that along with your application.

Education

Institution	Dates	Major	Academic Status



ALL APPLICANTS must answer the Criminal / Professional Discipline Affidavit.

Criminal / Professional Discipline Affidavit

- Have you been arrested for any reason? Yes* No
- Have you been charged in court with any violation of the law (other than minor traffic violations)? Yes* No
- Have you been convicted of any violation of the law (other than minor traffic violations)? Yes* No
- Have you ever been notified of a complaint reported to another licensing agency? Yes* No
- Have you ever been the subject of any disciplinary investigation or action by another licensing agency? Yes* No
- Have you ever voluntarily surrendered or resigned a professional license/certificate? Yes* No

* If you answer yes to any of these questions, you must attach a personal statement explaining the circumstances and copies of any relevant court orders or disciplinary actions.

Please read [ORS 681](#) and [OAR 335](#) if you have not yet read them.

Certification

I have read the provisions of the Oregon Law (ORS 681) and Oregon Administrative Rules (OAR 335). I agree to abide by all the Laws and rules pertaining to my license. I understand that the burden of proof in meeting the requirement for licensure is upon myself and not the Board. I agree to be responsible for the collection and accuracy of required materials.

Affidavit of Applicant

I, _____, depose and say that all of the above statements are true and correct; that I am the person described and identified above and on all attached documents.

Signature of Applicant

Date