

SUPERVISED PROFESSIONAL EXPERIENCE (SPE) REPORT

Ohio Board of Speech-Language Pathology and Audiology
77 South High Street, Suite 1659, Columbus, Ohio 43215-6108

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Web Site www.slpaud.ohio.gov

Email Address board@slpaud.ohio.gov

(To be completed by the Supervisor and submitted with the Supervision Contacts Log by the conditional licensee)

Please Print Legibly in Ink or Type

ALL QUESTIONS MUST BE ANSWERED OR THE BOX CHECKED
(IF NOT APPLICABLE WRITE N/A)

Conditional Licensee's Name _____ License No. _____

Supervisor's Name _____ License No. _____

Conditional Licensee's Employer Name/Address: _____

Practice Site: _____

Upon completion of the professional experience year or when there is a change in the professional experience year plan the conditional licensee must submit the following to the Board within 30 calendar days:

- Supervised Professional Experience Report
- Supervised Professional Experience Contacts Log

Supervised Professional Experience time covered in this report:

Starting Date: _____ Ending Date: _____

YES _____ NO _____ The conditional licensee demonstrates competence in the area of evaluation.

YES _____ NO _____ The conditional licensee demonstrates competence in the area of intervention.

YES _____ NO _____ The conditional licensee demonstrates competence in the area of interaction and personal qualities

Report of Partial Experience:

I recommend that this experience count toward the completion of the conditional licensee's SPE.

I do not recommend that this experience count toward the completion of the conditional licensee's SPE, attached is a letter of explanation and supporting documentation.

Report for Completed Experience:

I recommend that this experience count toward the completion of the conditional licensee's SPE and recommend this conditional licensee for licensure in the area in which licensure is sought.

I do not recommend that this experience count toward the completion of the conditional licensee's SPE, attached is a letter of explanation and supporting documentation.

I HAVE READ THE GENERAL INFORMATION AND INSTRUCTIONS AND HAVE ANSWERED ALL QUESTIONS IN COMPLIANCE WITH THE INSTRUCTIONS.

UNDER PENALTIES PROVIDED BY LAW FOR FRAUD, DECEPTION OR MISREPRESENTATION IN OBTAINING OR ATTEMPTING TO OBTAIN A LICENSE, I HEREBY CERTIFY THAT I AM THE SUPERVISOR AND THAT I HAVE EXAMINED THE STATEMENTS AND INFORMATION PROVIDED THEREIN AND ALL THE ACCOMPANYING DOCUMENTS AND THAT ALL THE STATEMENTS AND INFORMATION IS STRICTLY TRUE, CORRECT AND COMPLETE IN EVERY RESPECT.

SIGNATURE OF SUPERVISOR

DATE