

Ohio Board of Speech-Language Pathology and Audiology

77 South High Street, 16th Floor – Columbus, Ohio 43215

Phone: 614/466-3145 Fax: 614/995-2286

Web Site www.slpaud.ohio.gov

Email Address board@slpaud.state.oh.us

SUPERVISED PROFESSIONAL EXPERIENCE (SPE) REPORT

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

(Type or print in ink)

		Date _____
Conditional Licensee's Name _____	License No. _____	
Supervisor's Name _____	License No. _____	
Conditional Licensee's Employer Name/Address: _____		
Practice Site: _____		

NO FEE'S ARE REQUIRED FOR THE COMPLETION OF THE "SUPERVISED PROFESSIONAL EXPERIENCE YEAR"

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