

Bureau of Professional Licensing PO Box 30670 ◆ Lansing, MI 48909 Telephone: (517) 241-0199

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CERTIFICATION OF APPOINTMENT TO CLINICAL EXPERIENCE

Authority: 1978 PA 368

A separate form must be completed by each supervisor who is verifying your Speech-Language Pathology experience.

Print or Type					
Applicant's Name (First, Middle, Last)			Applicant's	Applicant's Date of Birth	
Applicant's Place of Employment					
Address of Employment					
City	State		Zip Code		
Supervisor's Name (First, Middle, Last)		Registration/License/	Credential Number	Date Issued	
CERTIFICATIO	ON AND	SIGNATURE			
I certify the applicant named above has been appointed			area of speech-la	anguage pathology	
beginning on and ending on (Month/Day/Year) (Month/Day/Year)					
 The supervised clinical experience will consist of at least The development of agreed upon outcomes and documentation indicating whether these outcome A sufficient number of supervisory activities to pr speech-language pathologist. 	performes and p	nance levels for the performance levels	supervisee and were met.	-	
Supervisory activities shall include the following: Onsite observations of the supervisee engaged is rehabilitation activities. Real time, interactive video and audio conservations. Evaluation of reports written by the supervisee, of discussions with the supervisee's professional conservations.	onferenc conferer	cing technology mances between the ses.	y be used to per upervisor and su	form onsite pervisee and	
 Correspondence, telephone calls or revisure supervisory activity. At least 1,008 of the supervised hours consist of not limited to direct client or patient contact, consist of the supervision of t	clinical	contact with persor	n or population s	erved, including, but	
I will be available on a regularly scheduled basis to revie records, and further educate the applicant. I will be cont radio, telephone, or telecommunication.					
Signature	-	Date			