

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

www.michigan.gov/bpl bpldata@michigan.gov

SPEECH LANGUAGE PATHOLOGIST POSTGRADUATE CLINICAL EXPERIENCE

Authority: 1978 PA 368

CCC-SLP: If you currently hold the CCC-SLP certification from ASHA you do not need to complete this form.

<u>Supervised Clinical Experience</u>: For the experience to count toward the requirements for full licensure, you must hold a Michigan Speech Language Educational Limited Temporary License.

<u>Supervisor</u>: For work experience completed in Michigan, the supervisor of the clinical experience must hold a current, active, full Michigan Speech-Language Pathologist license that has no history of disciplinary action.

Print or Type				
Applicant's Name (First, Middle, Last)			Applicant's Date of Birth	
Applicant's Place of Employment	Applicant's Title			
Address of Employer				
City	State		Zip Code	
Supervisor's Name (First, Middle, Last)		Registration/License/C	redential Number	Date Issued
Level of Licensure or Certification at time of supervision	Issuir	Issuing jurisdiction/organization		
CERTIFICATIO) N AN	D SIGNATURE		
I certify the applicant named above obtained speech-land license was in good standing.			ce under my supe	rvision while my
The applicant completed Speech-Language Pathology w	ork ex	xperience beginning	on	
and ending on (Month/Day/Year) (Month/Day/Year)	for	a total of	hours.	
I was available on a regularly scheduled basis to review records, and further educate the applicant. I was continutelephone, or telecommunication.				
 The supervisory activities included the following: Onsite observations of the supervisee engaged in rehabilitation activities. Real time, interactive video and audio conference. 		•		
 observations. Evaluation of reports written by the supervisee, of discussions with the supervisee's professional confidence, telephone calls or reviewing confidence. 	lleagu	ies.		
 supervisory activity. At least 1,008 of the supervised hours consist of not limited to direct client or patient contact, cons 				
I declare that the information contained in this document	is true	e and correct.		
Signature and Title	-	Date		

LARA/BPL-SLPPOSTGRADUATE (Rev. 5/2024)