

**Speech-Language Pathology Assistant
Clinical Requirement Form**

Verification for Licensure Application

Name of Applicant _____ Social Security# _____

As Program Director of the _____ Department/Program

Of _____, I verify that the above individual:
(Name of College/University)

Earned at least 25 observation hours preceding supervised clinical experience which includes:

- 1) Direct on-site observation of a fully licensed speech-language pathologist
- 2) Observations may include electronic observations of a fully licensed speech-language pathologist

- Yes, this individual has met the above observation requirements.
 No, this individual has not met the above observation requirements.

Has completed a minimum of 100 clock hours of supervised clinical experience which includes:

- 1) The speech-language pathologist must have been fully licensed for a minimum of 2 years:
- 2) The supervising speech-language pathologist will supervise no more than two speech-language pathology assistants at any one time.
- 3) The student must be supervised a minimum of 50% of the time when engaged in patient/client contact.

- Yes, this individual has met the above clinical experience requirements.
 No, this individual has not met the above clinical experience requirements.

Name of Program Director

Program Director Signature Date

Please send completed form to:
OBESPA
PO BOX 53592
Oklahoma City, OK 73152