Montana Department of LABOR & INDUSTRY

Hours Completed under Supervision

for Speech-Language Pathology and Audiology

Version last updated: 7/14/2026

Fill out this form upon completion of a supervised professional experience or required supervised work hours. Must be signed by the supervisor who supervised these particular hours. If more than one supervisor, complete a separate form for each. Upload the completed form to your online application, or email to dliesdprd@mt.gov.

SUPERVISEE

Name:_____

Email:_____

License or application number (if known):_____

State issued:_____

SUPERVISOR

Name:_____

License type:_____

License number:_____

State issued:_____

DATES OF SUPERVISION

Start:_____ End:_____

TOTAL HOURS UNDER THIS SUPERVISOR	LIMITED LICENSEES ONLY: TOTAL HOURS DIRECT CLIENT CONTACT
ex: 110; 690; 1260	ex: 1008

We the undersigned attest that the information reported on this form is true and complete to the best of our knowledge. We are aware that any false statement or evasive answer could lead to a complaint against our respective licenses.

Supervisee: Date:

Supervisor: Date: