SUPERVISED PROFESSIONAL EXPERIENCE COMPLETION REPORT

Instructions

This form demonstrates completion of a Montana supervised professional experience by a <u>speech-language</u> <u>pathologist limited licensee</u>. The form must be signed by <u>both</u> the speech-language pathologist limited licensee and the Montana speech-language pathologist licensee who supervised the professional experience. If the limited licensee had more than one supervisor then this form must be completed for each supervisor.

Se	ection 1 – Speech-Language Pathologist Lim	ited Licensee Information	า
1.	Limited Licensee Full Name:	Middle	Last
2.	Limited Licensee Mailing Address:		
3.	Limited Licensee Email Address:		
4.	Limited License Number:		_
5.	Limited License Number Expiration Date:		_
Se	ection 2 – Supervised Professional Experien	ce Supervisor Informatio	n
6.	Supervisor Full Name:	Middle	Last
7.	Supervisor Montana License Number:		_
Se	ection 3 – Supervised Professional Experien	ce	
8.	Beginning Date:	9. Completion Date:	
10	. Total Number of Weeks of Supervised Profess *NOTE: Per board rule, the completed supervised pr speech-language pathologist license.	sional Experience_ rofessional experience must be	a minimum of 36 weeks to qualify for a
11	. Supervised Clinical Experience Completed:		
	Yes		
	No (explain)		
	ection 4 – Declaration the speech-language pathologist limited license	e, have discussed this repo	ort with my supervisor.
Le	gal Signature of Speech-Language Pathologist Licensee		Date
I, t	he supervised clinical experience supervisor, have discussed this report with the above licensee.		
Leg	gal Signature of Supervisor		 Date