

# Supervised Professional Experience Summary

for the Board of Speech-Language Pathologists and Audiologists

Last updated: 4/10/2025

Fill out upon completion of supervised experience hours. Must be signed by the supervisor who supervised these particular hours. If more than one supervisor, complete a new form for each. Email to [dlibsdsip@mt.gov](mailto:dlibsdsip@mt.gov).

## LIMITED LICENSEE

Name: \_\_\_\_\_

Email: \_\_\_\_\_

License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

## SUPERVISOR

Name: \_\_\_\_\_

License Type: \_\_\_\_\_

License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

## DATES OF SUPERVISION

Start: \_\_\_\_\_ End: \_\_\_\_\_

### TOTAL HOURS UNDER THIS SUPERVISOR

ex: 1260

### TOTAL HOURS DIRECT CLIENT CONTACT

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 on ethical grounds.

Limited licensee:

Date:

Supervisor:

Date: