

**Application for Licensure as a Speech Language Pathology Assistant  
100 Hours Supervised Field Work Activities Log / Affirmation**

Applicant Full Name (print): \_\_\_\_\_

SLPA OpenGov ID #: \_\_\_\_\_

Date of Observations	Activity Observed	Comments/ Feedback	Hours Observed	Direct or Indirect?

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☐ I affirm the above-documented fieldwork activity for the 100 hours of field work experience in Speech Language Pathology Assisting is true and accurate to the best of my knowledge and belief.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_