



Speech Language Pathologist (SLP) Licensing Application

FORM B

This form is required for applicants applying by a SLP License by Method 3

Explanation: Licensing by Method 3 requires that an applicant may qualify for licensing by documenting completion of every requirement necessary to obtain a Certification of Clinical Competence (CCC) for Speech Language Pathology from the American Speech-Language Hearing Association (ASHA). The applicant must, in part document the completion of supervised postgraduate clinical experience. (Clinical Fellowship or Doctoral Externship) by obtaining the signature of the appropriate person who can attest that the training occurred. The supervised postgraduate clinical experience must meet the requirements described in Minnesota Statute 148.5161, Subd.3.

Supervised Postgraduate Clinical Training Experience

This training requires supervision by a speech-language pathologist who is either licensed as such by the Minnesota Department of Health or holds a certificate of Clinical Competence (CCC) from the American Speech-Language-Hearing Association (ASHA). The training may not begin until the applicant completed the academic course work required by Minnesota Statute 148.515, subdivision 2. The Minnesota Statute requirements for the academic course work and clinical training are the same as ASHA requirements.

The Supervised training must include both on-site observation and other monitoring activities. On-Site observation must involve the supervisor, the clinical fellowship licensee or doctoral externship licensee, and the client receiving speech-language pathology services and must include direct observation by the supervisor of treatment given by the clinical fellowship licensee or doctoral externship licensee. Other monitoring activities must involve direct or indirect evaluative contact by the supervisor of the clinical fellowship licensee or doctoral externship licensee, may be executed by correspondence, and may include, but are not limited to, conferences with the clinical fellowship licensee or doctoral externship licensee, evaluation of written reports, and evaluations by professional colleagues, Other monitoring activities do not include the client receiving speech-language pathology services.

INSTRUCTIONS: Have the appropriate person(s) who can attest to your completion of supervised postgraduate clinical experience sign and date this form. PLEASE NOTE: If more than once person is need to attest to your required supervised post graduate clinical training, please copy this form for each signature.

Applicant Name

School

Supervisor Information

Name

Title

Name of Institution (Training site)

Address of Training Site

City

State

ZIP

Supervisor Certification By signing and dating this document, I certify that the above named application has completed the requirements of supervised clinical training.

Supervisor's Signature

Date

Send completed form to applicant

Minnesota Department of Health
Health Occupations Program
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St. Paul, MN 55164-0882
health.slpa@state.mn.us