



Arkansas Department of Health

Arkansas Board of Examiners in Speech-Language Pathology and Audiology
4815 West Markham Street, Slot 72 • Little Rock, Arkansas 72205-3867 • (501) 537-9151 • Fax: (501) 682-9181

Governor Sarah Huckabee Sanders
Renee Mallory, RN, BSN, Secretary of Health
Nathaniel Roe, MFA, MA, Director

SLP CLINICAL FELLOWSHIP YEAR PLAN

A Provisional License can only be renewed for up to 36 months total. You must complete all requirements of the Clinical Fellowship within that time.

New CFY Plan

Revised CFY Plan

Applicant

Name:

Email Address:

Phone:

ABESPA License Number (if revised CFY Plan):

Supervisor (Primary)

Name:

Email Address:

Phone:

ABESPA License Number:

ASHA Account Number:

Clinical Fellowship Setting

Facility Name:

Address:

City and State:

Zip Code:

CFY Start Date:

Supervisor (Secondary, if applicable)

Name:

Email Address:

Phone:

ABESPA License Number:

ASHA Account Number:

Additional Clinical Setting (Secondary setting if applicable)

Facility Name:

Address:

City and State:

Zip Code:

Clinical Fellowship Professional Experience

Indicate the length of the clinical fellowship experience and number of hours per week.

- 36 weeks of full-time professional employment of at least 30 hours per week.
- 48 weeks of part-time professional employment of at least 25 hours per week.
- 60 weeks of part-time professional employment of at least 20 hours per week.
- 72 weeks of part-time professional employment of at least 15 hours per week.

At least 80% of the clinical fellowship week will be spent in direct client contact (assessment, diagnosis, evaluation, screening, habilitation/rehabilitation) and activities related to client management.

Clinical Fellowship Supervision

There will be at least 36 supervisory activities during the entire clinical fellowship, including 18 hours of on-site observation and 18 other monitoring activities. Clinical fellowship supervision will be divided equally among three segments. There will be at least 6 hours of on-site observation during each one-third segment of the clinical fellowship and at least one other monitoring activity per month.

Supervisor's Agreement

I agree to conduct one formal evaluation during each one-third segment of the clinical fellowship. I agree to approve/disapprove, sign, and submit a Clinical Fellowship Report form to the Arkansas Board of Examiners in Speech-Language Pathology and Audiology within 30 days of completion of the clinical fellowship experience. Furthermore, I verify that my CCC and/or Arkansas license are current and will be maintained during the clinical fellowship. If I terminate supervision prior to completion of the CF, I agree to notify ABESPA within 30 days.

Signature:

Date:

Clinical Fellow's Agreement

I, the clinical fellow, have read, discussed, and agreed upon all sections above. I have verified that my supervisor holds a current ASHA Certificate of Clinical Competence and/or valid Arkansas license in the area in which I am seeking licensure. If it is later determined that this is not correct, I assume full responsibility for an invalid clinical fellowship experience. I have read and agree to abide with ABESPA Code of Ethics. I agree to notify ABESPA, in writing, of any change in supervisor, site, or employment status within 30 days of change.

Signature:

Date: