



**ARKANSAS BOARD OF EXAMINERS IN  
SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY**

Renee Mallory, RN, BSN  
SECRETARY OF HEALTH

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DIRECTOR

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GOVERNOR

**SLP CLINICAL FELLOWSHIP YEAR PLAN**

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

New CFY Plan

Revised CFY Plan

**Applicant**

Name:

Email Address:

ABESPA License Number (if revised CFY Plan):

**Supervisor (Primary)**

Name:

Email Address:

ABESPA License Number:

ASHA Account Number:

**Clinical Fellowship Setting**

Facility Name:

Address:

City, State, Zip:

Estimated Start Date:

Estimated End Date:

Arkansas Department of Health  
Arkansas Board of Examiners in Speech-Language Pathology and Audiology  
4815 West Markham St., Slot 72 · Little Rock, AR 72205  
501-537-9151 · abespa@arkansas.gov

## Supervisor (Secondary, if applicable)

Name:

Email Address:

ABESPA License Number:

ASHA Account Number:

## Additional Clinical Setting (Secondary setting if applicable)

Facility Name:

Address:

City, State, Zip:

## 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:**