

**BOARD OF EXAMINERS  
SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY  
101 EAST CAPITOL, SUITE 211  
LITTLE ROCK, AR 72201**

**CLINICAL FELLOWSHIP YEAR PLAN**

**I. Applicant:** (please type or print)

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

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Area of Licensure Sought: SLP \_\_\_\_\_ AUD \_\_\_\_\_

**II. Supervisor:** (In case of multiple supervisors, attach a list and designate primary supervisor below)

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

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

ASHA Account Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

ASHA Certification Area: SLP \_\_\_\_\_ AUD \_\_\_\_\_ AR License # \_\_\_\_\_

**III. Clinical Fellowship Setting:** (In case of multiple settings, attach a list of all practice settings and respective supervisor.)

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

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Beginning CF Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Anticipated Ending CF Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Is this plan for only a portion of the clinical fellowship? Yes \_\_\_ No \_\_\_

If yes, beginning CF Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Anticipated Ending CF Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**IV. 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.

Yes \_\_\_ No \_\_\_

**V. 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.

Yes \_\_\_ No \_\_\_

**VI. 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

**VII. 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, employment status or my anticipated CF completion date within 30 days of change.

\_\_\_\_\_  
Signature Date