



**ARKANSAS BOARD EXAMINERS FOR SPEECH –LANGUAGE PATHOLOGY AND AUDIOLOGY**

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Rev. 10/5/18

**SLP CLINICAL FELLOWSHIP YEAR PLAN**

- New CF Plan                       Revised CF Plan                       Additional Work Setting

**Applicant**

First Name  Last Name   
Address   
City  State  Zip   
Phone  Email

**Supervisor (Primary Supervisor)**

First Name  Last Name   
Address   
City  State  Zip   
ASHA Account Number  AR License Number

**Supervisor (Secondary Supervisor if applicable)**

First Name  Last Name   
Address   
City  State  Zip   
ASHA Account Number  AR License Number

**Clinical Fellowship Setting**

Facility Name   
Address   
City  State  Zip   
Phone   
Original CF Start Date  Anticipated CF Ending Date

If revised or additional work setting is being added:

Original CF Start Date  Anticipated CF Ending Date

**Additional Clinical Setting** (Secondary setting if applicable)

Facility Name

Address

City  State  Zip

Phone

Original CF Start Date  Anticipated CF Ending Date

If revised or additional work setting is being added:

Original CF Start Date  Anticipated CF Ending Date

**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

**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

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

Signature       Date