



The Commonwealth of Massachusetts Department of Public Health

BOARD OF REGISTRATION FOR SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY

250 Washington Street
BOSTON, MA 02108
(617) 624-6125

<https://www.mass.gov/orgs/board-of-registration-for-speech-language-pathology-and-audiology>

FORM 1- SUPERVISED PROFESSIONAL PRACTICE PLAN – SPEECH-LANGUAGE PATHOLOGY

Instructions:

- Form 1 must be submitted to the Board within seven (7) days of beginning your CFY.
- Answer all questions. Write “NOT APPLICABLE” if no other response is appropriate.
- If your supervisor changes, please submit a Form 2 to complete that portion of the Supervised Practice plan. Also, you must remit a new Form 1 and Form 2 for each new supervisor.

1. Speech-Language Pathology Applicant: If name has been altered since application submission, Name on Application: _____

Name: _____
(Last) (First) (Middle)

Address: _____
(Number) (Street)

(City) (State) (Zip)

(Phone: Cell/Home) EMAIL

2. Professional Practice Site Information:

Site: _____
(Company Name) (Division/Department)

Address: _____
(Number) (Street)

(City) (State) (Zip)

Beginning Date: _____ Ending Date: _____ Hours per Week: _____
(MM/DD/YYYY) (MM/DD/YYYY)

3. Supervisor Information:

Name: _____
(Last) (First) (Middle)

Address: _____
(Number) (Street)

(City) (State) (Zip)

Phone: _____
(Business) EMAIL

4. Supervisor's Current Licensure Status:

Massachusetts License#: _____ Expiration Date: _____

Other State (Specify): _____ License Number: _____ Expiration Date: _____

5. Supervisor's Professional Certification(s):

ASHA/CCC-SLP Certification Number: _____ Expiration Date: _____

Massachusetts Teacher's Certification Number: _____ Expiration Date: _____

6. Educational, Supervised Professional Practice, and Examination Requirements:

To be licensed as a Speech-Language Pathologist, an applicant must be of good moral character and meet the educational, clinical, supervised professional practice, and examination requirements specified in the current American Speech-Language-Hearing Association (ASHA) Standards and Implementation Procedures for a Certificate of Clinical Competence in Speech-Language Pathology. Although standards created by ASHA are referenced by the Board, **the Board does not require that applicants obtain or maintain membership in ASHA.** However, ASHA membership/certification of the supervisor may be required if the applicant seeks membership/certification in ASHA once licensed. Please contact ASHA for more information at www.asha.org.

7. Statement of the Applicant:

Applicant, please contact the Board to ensure that your:

- 1) Application with \$68.00 fee
- 2) Praxis score [Board code: R7461]
- 3) Official graduate school transcript including date the degree was conferred
- 4) Clock hours earned during graduate school

have all been received. This will allow faster processing of your application upon receipt of your Form 2.

I HAVE DISCUSSED THE PLAN FOR SUPERVISION WITH THE PERSON NAMED AS SUPERVISOR AND AGREE TO ITS IMPLEMENTATION. I UNDERSTAND THAT I MUST NOT WORK AFTER THE END DATE SPECIFIED ON MY FORM 2 UNTIL I AM LICENSED BY THE BOARD. POST CLINICAL FELLOWSHIP WORK WILL SUBJECT BOTH THE APPLICANT AND SUPERVISOR TO DISCIPLINARY ACTION BY THE BOARD.

(Applicant's Signature)

(Date)

8. Statement of Supervisor:

I HEREBY CERTIFY THAT ALL STATEMENTS MADE BY ME IN RELATION TO THIS PLAN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF. I FURTHER CERTIFY THAT I UNDERSTAND THE RESPONSIBILITIES OF A SUPERVISOR AS STATED IN THE RULES AND REGULATIONS OF THE MASSACHUSETTS BOARD OF REGISTRATION FOR SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY. (TITLE 260 OF THE CODE OF MASSACHUSETTS REGULATIONS). I UNDERSTAND THAT THE APPLICANT MUST NOT WORK AFTER THE END DATE SPECIFIED ON THE FORM 2 UNTIL LICENSED BY THE BOARD. POST CLINICAL FELLOWSHIP WORK WILL SUBJECT BOTH THE APPLICANT AND SUPERVISOR TO DISCIPLINARY ACTION BY THE BOARD.

(Supervisor's Signature)

(Date)

Please upload signed form and keep original form on file.