



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 2 - SUPERVISED PROFESSIONAL PRACTICE REPORT – SPEECH-LANGUAGE PATHOLOGY

- Instructions:**
- Form 2 must be submitted to the Board within One (1) day of the completion of the Professional Practice. Please email Form 2 to speech.audiology@mass.gov.
 - If your supervisor changed, please submit a Form 1 to correlate with that portion of the Supervised Practice year. Also, you must forward a new Form 1 and Form 2 for all other supervisor(s).

IMPORTANT NOTE: Post clinical fellowship work will subject both you and your supervisor to disciplinary action by the Board.

1. Speech-Language Pathology Applicant: If name has changed since application your initial submission, **Name on Application:** _____

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

Address: _____
(Number) (Street)

(City) (State) (Zip)

Phone: () _____
(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)

- If the ending date is different from ending date specified in your Form 1, please indicate here _____ and attach a letter of explanation signed by both the applicant and the supervisor. Additional documentation may be required.

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-A 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. www.asha.org

7. Professional Practice Plan completion:

Has the applicant successfully fulfilled the Professional Practice Plan responsibilities as specified in Form 1?

Yes No **If no, please explain** _____

8. Recommendation of Supervisor:

I hereby recommend **OR** do not recommend for licensure as a SPEECH-LANGUAGE PATHOLOGIST.

APPLICANT AND SUPERVISOR 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.

Applicant's Signature

Date

Supervisor's Signature

Date

Scan and email completed form to speech.audiology@mass.gov.