

MDH SLPA Licensing
Health Occupations Program
PO Box 64882
Saint Paul, MN 55164-0882

Speech-Language Pathologist and
Audiologist Licensing Application

Applicant Name _____

Please print

Form B

(Required from Applicants using Method 3)

Speech-Language Pathologist Licensing Application -Method 3

EXPLANATION: Licensing by Method 3 requires that an Applicant may qualify for licensing by documenting completion of every requirement necessary to obtain a CCC from the American Speech-Language-Hearing Association (ASHA). The Applicant must, in part, document the completion of supervised postgraduate clinical experience (Clinical Fellowship or Doctoral Externship) by obtaining the signature of the appropriate person who can attest that the training occurred. The supervised postgraduate clinical experience must meet the requirements described in Minn. Stat. §148.5161, Subd. 3.

“Supervised Postgraduate Clinical Experience”

This training requires supervision by a speech-language pathologist who is either licensed as such by the Minnesota Department of Health or holds a Certificate of Clinical Competence (CCC) from the American Speech-Language-Hearing Association (ASHA). The training may not begin until the applicant completes the academic course work required by Minn. Stat., § 148.515, Subd. 2. The Minnesota Statute’s requirements for the academic course work and clinical training are the same as ASHA requirements.

The supervised training must include both on-site observation and other monitoring activities. On-site observation must involve the supervisor, the clinical fellowship licensee or doctoral externship licensee, and the client receiving speech-language pathology services and must include direct observation by the supervisor of treatment given by the clinical fellowship licensee or doctoral externship licensee. Other monitoring activities must involve direct or indirect evaluative contact by the supervisor of the clinical fellowship licensee or doctoral externship licensee, may be executed by correspondence, and may include, but are not limited to, conferences with the clinical fellowship licensee or doctoral externship licensee, evaluation of written reports, and evaluations by professional colleagues. Other monitoring activities do not include the client receiving speech-language pathology services.

INSTRUCTIONS: Have the appropriate person who can attest to your completion of supervised postgraduate clinical experience sign and date this form. PLEASE NOTE: If more than one person is needed to attest to your required supervised post graduate clinical training, please copy this form for each signature.

Applicant Name: _____ Clinical Site _____

SUPERVISOR INFORMATION

Supervisor Name: _____ Title: _____

Name of Clinical Training site): _____

Address: _____

CITY

STATE

ZIP

SUPERVISOR CERTIFICATION: By signing and dating this document, I certify that the above-named applicant has completed the requirements of supervised clinical training.

Supervisor Signature

Date

Send completed form to MDH address at top, left.