



CANNON BUILDING
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STATE OF DELAWARE
**BOARD OF SPEECH PATHOLOGISTS,
AUDIOLOGISTS AND HEARING AID DISPENSERS**

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CLINICAL FELLOWSHIP PLAN (CF)

INSTRUCTIONS

Instructions: Upload the completed document with your application or Service Request to *Manage Affiliations* in DELPROS. This plan must be signed by *you, the applicant, and your clinical fellowship supervisor.*

- The clinical fellowship supervisor must be a Delaware-licensed Speech/Language Pathologist.
- If you will be supervised by more than one clinical supervisor, submit a form from **each** supervisor.
- Both you, the applicant (clinical fellow), and the clinical fellowship supervisor should retain a copy of this plan.
- **Do not begin your Clinical Fellowship until your temporary license is issued.**

INFORMATION ABOUT CLINICAL FELLOW

1. Full Name: _____
Last First Middle
2. Mailing Address: _____
_____ City State Zip
3. Phone: _____ Home Work Email: _____

INFORMATION ABOUT CLINICAL FELLOWSHIP SUPERVISOR

4. Full Name: _____
Last First Middle
5. Mailing Address: _____
_____ City State Zip
6. Phone: _____ Work Cell Email: _____
7. Delaware License Number: O1 - _____

CLINICAL FELLOWSHIP SETTING

8. Facility Name: _____
9. Mailing Address: _____
_____ City State Zip
10. Phone: _____ Email: _____

11. Is this registration agreement for only a portion of clinical fellowship? Yes No

CLINICAL FELLOWSHIP PROFESSIONAL EXPERIENCE

12. Enter 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.

72 weeks of part-time professional employment of at least 25 hours per week.

13. Will the clinical fellow spend at least 80% of the clinical fellowship week in direct client contact (including assessment/diagnosis/evaluation, screening, habilitation/rehabilitation) and activities related to client management?

Yes No

CLINICAL FELLOWSHIP SUPERVISION

14. Both the clinical fellow and clinical fellowship supervisor certify to the following:

- 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. During each one-third segment of the clinical fellowship, there will be at least 6 hours of on-site observation and at least one other monitoring activity per month. Yes No

SUPERVISOR AGREEMENT

- I have read, discussed, and agreed upon all sections listed above. I have read the ASHA [Clinical Fellowship Supervisor's Responsibilities](#).
- I agree to conduct one formal evaluation during each one-third segment of the clinical fellowship.
- I agree to approve/disapprove, sign, and submit proof of completion, either a copy of the ASHA Clinical Fellowship Report or a letter of verification, to the Board office at least 30 days before the clinical fellow's Temporary license expires.
- I agree to fulfill this responsibility even if I am not able to approve the clinical fellowship experience.

Signature of Supervisor: _____ Date: _____

CLINICAL FELLOW AGREEMENT

- I have read, discussed, and agreed upon all sections listed above.
- I have verified that my supervisor holds a current Delaware license in the area in which I am seeking certification. I further agree to assume full responsibility for an invalid clinical fellowship experience if it is later determined that this is not correct.
- I have read and agree to abide by the Code of Ethics listed in the Board's [Rules and Regulations](#).
- I understand that I cannot begin my Clinical Fellowship until my temporary license has been issued.

Signature of Clinical Fellow: _____ Date: _____

UPLOAD THIS DOCUMENT WITH YOUR APPLICATION OR SERVICE REQUEST IN DELPROS