STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
SUPERVISED PROFESSIONAL EXPERIENCE PLAN:

AUDIOLOGY

Name of Applicant_____
Last First Middle Maiden

Address:_____
Last First Middle Maiden

Telephone No.:_____ _____
Where you can be reached Mon. - Fri., 8:30 a.m. - 4:30 p.m. Email

I. Professional Clinical Employment Responsibilities

Activity	Hours Per Week
Evaluation	_____
Therapy	_____
Parent Programs	_____
In-service Training	_____
Staff Meetings	_____
Other (Specify)	_____
Total Hours Per Week:	_____

II. Supervised Professional Experience Setting:

Name: _____

Address:_____

Will applicant work (check one) _____ Calendar Year _____ Academic Year

Preferred beginning date of employment: _____

III. Supervision

Methods	**Sessions Per Month**	**Hours Per Session**	**Activity**
On Site Observations	_____	_____	_____
Conferences	_____	_____	_____
Review of Records	_____	_____	_____
Staff Meetings	_____	_____	_____
Case Staffings	_____	_____	_____
Remote Observations	_____	_____	_____

IV. To be Completed by the SPE Applicant

I, the SPE applicant, have seen and discussed the plan for supervision as described on this application with the person listed below and agree to its implementation:

_____ _____

Signature of Applicant Date

V. To be Completed by the SPE Supervisor:

I, the SPE supervisor have discussed the plan for supervision with the SPE applicant and accept responsibility as described in the SPE Guidelines:

_____ _____

Signature of Supervisor Date

_____ _____

Print Name CT Lic. No.

Business Address:_____

No. and Street Town City State Zip

Telephone: _____ Email: _____

Note: This form must be submitted by the SPE supervisor directly to the Department at the address listed below. Connecticut General Statutes require a minimum of thirty-six (36) weeks and one thousand eighty hours of full time (at least 30 hours per week) or a minimum of forty-eight weeks (48) and one thousand four hundred forty (1440) hours part-time (at least 15 hours per week) under the supervision of a Connecticut licensed audiologist. Applicants seeking dual licensure is both speech language pathology and audiology must complete separate and distinct SPE periods under an approved plan.

The beginning date of the SPE will be approved by this office upon receipt of an acceptable plan. Upon approval, the beginning date will be established a maximum of six (6) weeks retroactively. This office in writing will notify the applicant at such time as the plan is approved.

Supervision must include a minimum of 2 sessions of on-site observations per month, totaling a minimum of 2 hours per month. There must me a minimum of 4 additional sessions per month in the remaining modalities of supervision to total a minimum of 2 additional hours per month.

Should significant change in the plan be contemplated, a new plan must be filed and approved by the Department prior to implementing the change. Such changes would include a change from full-time to part-time work or vice versa, a change in supervisor r a change in employer or work setting.

Should you have questions regarding completion of this plan, please email this office at oplc.dph@ct.gov.

This completed plan should be mailed directly by the supervisor to:

Connecticut Department of Public Health
Audiology Licensure
410 Capitol Avenue, MS# 12 APP
P.O. Box 340308
Hartford, CT 06134
Fax: (860) 509-8457