

# Ohio Speech and Hearing Professionals Board

## SUPERVISED PROFESSIONAL EXPERIENCE (SPE) REPORT & CONTACTS LOG

### **Instructions:**

### **How to submit Report and Contacts Log for Supervised Professional Experience**

- Step 1:** Ensure that the Report and Log is completed, signed and dated by the Conditional Licensee and Professional Experience Year Supervisor.
- Step 2:** **NOTE: Do not mail your Report & Log to the licensure board. These forms must be submitted online by the Conditional Licensee through the new Ohio eLicense System.**
- Step 3:** To submit your Report and Log, visit <https://eLicense.Ohio.gov>, log in, go to your dashboard, click the OPTIONS button on your license, and **select Submit Additional Documentation**, then upload the completed log form. Blank copies of the Report and Contacts Log form are available from the board's website at <https://shp.ohio.gov/Portals/0/SHP%20-%20SPE%20Report%20and%20Log.pdf>.

*Upon receipt of your Report and Log, your conditional licensure status will remain Active. Upon completion of your professional experience year, please ensure that the Board has final transcripts and an updated background check. Once received and completed, the Board will issue your speech-language pathology license within 30 days.*

# SUPERVISED PROFESSIONAL EXPERIENCE (SPE) REPORT & CONTACTS LOG

Upon completion of the Professional Experience Year - *or* - when there is a change in the Professional Experience Year Plan,  
**Conditional licensee must submit the following to the Board within 30 calendar days:**

- **Supervised Professional Experience Report**
- **Supervised Professional Experience Contacts Log**
- After submission of the "Supervised Professional Experience Report" and "Supervision Contacts Log," the conditional licensee shall abide by the requirements for conditional licensure until full licensure is granted. The conditional licensee and professional experience supervisor shall continue to work according to the plan which shall include supervision.

**NO FEES ARE REQUIRED UPON COMPLETION OF THE SUPERVISED PROFESSIONAL EXPERIENCE PLAN**

\*\*\*\*\*

**PLEASE PRINT LEGIBLY IN INK OR TYPE**  
**ALL QUESTIONS MUST BE ANSWERED OR THE BOX CHECKED**  
(IF NOT APPLICABLE WRITE N/A)

Conditional Licensee: \_\_\_\_\_ License No: \_\_\_\_\_

Licensee Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Practice Site: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ License No: \_\_\_\_\_

**Supervised Professional Experience time covered in this report:**     Full-time     Part-time     PRN

Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

- YES \_\_\_ NO \_\_\_ This Conditional licensee demonstrates competence in the area of evaluation.  
YES \_\_\_ NO \_\_\_ This Conditional licensee demonstrates competence in the area of intervention.  
YES \_\_\_ NO \_\_\_ This Conditional licensee demonstrates competence in the area of interaction and personal qualities.

**Report of Partial Experience Completion** (please check appropriate box):

- I recommend that this experience count toward the completion of this Conditional licensee's SPE.
- I **do not** recommend that this experience count toward the completion of this Conditional licensee's SPE.  
**Attach a letter of explanation and supporting documentation (if not recommended).**

**Report for Completed Professional Experience** (please check appropriate box):

- I recommend that this experience count toward the completion of this Conditional licensee's SPE, and recommend this Conditional licensee for licensure in the area in which licensure is sought.
- I **do not** recommend that this experience count toward the completion of this Conditional licensee's SPE.  
**Attach a letter of explanation and supporting documentation (if not recommended).**

# SUPERVISED PROFESSIONAL EXPERIENCE (SPE) REPORT & CONTACTS LOG

**IMPORTANT: PLEASE READ THE FOLLOWING BEFORE COMPLETING THE CONTACTS LOG**

**The SPE Contacts Log may be completed by or under the direction of the supervisor**

**The Contacts Log should reflect that the supervisor and the Conditional licensee met the following requirements during the professional experience:**

- **Weekly Hours Required:** FULL-TIME: (36) weeks (minimum of 30-hours each week)  
PART-TIME: (72) weeks (minimum of 15-hours each week)
- **On-site Conference Tracking:** 18 total; with 6-onsites held during each third of the professional experience)
- **Monthly Evaluation Conference:** once each month (may be held in conjunction with an on-site conference).
- **A summary of the licensee's clinical strengths and goals** must be documented at least once during each third of the professional experience.

The tasks under the "Other Supervisory Activities" column may include but are not limited to:

1. Conferring with the licensee concerning clinical treatment strategies;
2. Monitoring changes in communication behaviors of person(s) served;
3. Evaluating the applicant's clinical records, including: diagnostic reports, treatment records, correspondence, plans of treatment, and summaries of clinical conferences;
4. Monitoring the licensee's participation in case conferences;
5. Evaluating the licensee's performance by professional colleagues and employers;
6. Evaluating the licensee's work by person(s) served and their parents; and
7. Monitoring the licensee's contributions to professional meetings and publications, as well as participation in professional growth opportunities
8. Other supervisory activities.

**\*\*\* SIGNATURES ARE REQUIRED \*\*\***

I / We hereby attest and confirm:

I have read the general information and instructions, and have answered all questions in compliance with the instructions.

Under penalties provided by law for fraud, deception or misrepresentation in obtaining or attempting to obtain a license, I hereby certify that I am the person referred to in the Supervision Contacts log, that I have examined the statements and information provided herein and all the accompanying documents, and that all the statements and information are strictly true, correct and complete in every respect.

I further understand that I will notify the Ohio Board of Speech-Language Pathology and Audiology, at <https://elicense.Ohio.gov> within thirty (30) days of any changes to the forgoing information or accompanying documents.

**THIS SECTION MUST BE COMPLETED: Indicate the number of weeks to credit under this Report and Contacts Log**

___ # of Full-time Weeks (minimum of 30-hours) -	as of _____
	Date
___ # of Part-time Weeks (minimum of 15-hours) -	as of _____
	Date
___ # of PRN Weeks (under 15-hours will not count) -	as of _____
	Date

_____	_____
Signature of Licensee	Date

_____	_____
Signature of Supervisor	Date

***SPE Report and Contacts Log cannot be approved unless signed by Conditional Licensee and current supervisor of record.***

# SUPERVISED PROFESSIONAL EXPERIENCE (SPE) REPORT & CONTACTS LOG

PLEASE PRINT LEGIBLY IN INK OR TYPE

DATE	ON-SITE HOURS	OTHER SUPERVISORY ACTIVITIES <small>See Activity Code numbers Listed above</small>	SUMMARY OF CLINICAL STRENGTHS & GOALS <small>Document clinical strengths &amp; goals at least once during each third of the PEY</small>	Monthly Evaluation Conference Held <small>Place check mark in appropriate boxes</small>	SUMMARY OF FEEDBACK <small>Print or type summary of feedback provided. Monthly evaluation may be in conjunction with one of the on-site conferences and may be summarized together.  Retain all documentation of supervision in case additional information is requested.</small>
[1]				√	
[2]					
[3]					
[4]					
[5]					
[6]					

FIRST PERIOD OF PEY

# SUPERVISED PROFESSIONAL EXPERIENCE (SPE) REPORT & CONTACTS LOG

DATE	ON-SITE HOURS	OTHER SUPERVISORY ACTIVITIES	SUMMARY OF CLINICAL STRENGTHS & GOALS	Monthly Evaluation Conference Held	SUMMARY OF FEEDBACK
		See Activity Code numbers Listed above	Document clinical strengths & goals at least once during each third of the PEY	Place check mark in appropriate boxes  √	Print or type summary of feedback provided. Monthly evaluation may be in conjunction with one of the on-site conferences and may be summarized together.  Retain all documentation of supervision in case additional information is requested.
[7]					
[8]					
[9]					
[10]					
[11]					
[12]					

SECOND PERIOD OF PEY

# SUPERVISED PROFESSIONAL EXPERIENCE (SPE) REPORT & CONTACTS LOG

DATE	ON-SITE HOURS	OTHER SUPERVISORY ACTIVITIES  See Activity Code numbers Listed above	SUMMARY OF CLINICAL STRENGTHS & GOALS  Document clinical strengths & goals at least once during each third of the PEY	Monthly Evaluation Conference Held  Place check mark in appropriate boxes  √	SUMMARY OF FEEDBACK  Print or type summary of feedback provided. Monthly evaluation may be in conjunction with one of the on-site conferences and may be summarized together.  Retain all documentation of supervision in case additional information is requested.
[13]					
[14]					
[15]					
[16]					
[17]					
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THIRD PERIOD OF OF PEY