

West Virginia Board of Examiners for Speech-Language Pathology and Audiology

99 Edmiston Way, Box 11- Suite 214

Buckhannon, WV 26201

POSTGRADUATE PROFESSIONAL EXPERIENCE (PPE) SUPERVISION REPORT

Website: www.wvspeechandaudiology.com Telephone: 304-473-4289 Fax: 304-473-4291 E-mail: wvbeslpa@wv.gov

Upon completion of the PPE/CFY, submit the following documents with the SLP Initial License Application for Board approval

- ***OR*** - if there is a change in the PPE/CFY Plan,

Provisional licensee must submit the following to the Board within 30 calendar days:

- **Postgraduate Professional Experience (PPE) Supervision Report**
- **Postgraduate Professional Experience (PPE) Supervision Contacts Log**

PLEASE PRINT LEGIBLY IN INK OR TYPE

ALL QUESTIONS MUST BE ANSWERED OR THE BOX CHECKED

(IF NOT APPLICABLE WRITE N/A)

Provisional Licensee: _____ License No: _____

Licensee Address: _____

Telephone: _____ Email: _____

Employer Name: _____

Employer Address: _____

Facility Name & Address: (If different from above)

Supervisor Name: _____ License No: _____

Supervised PPE/CFY time covered in this report: Full-time Part-time PRN

Starting Date: _____ Ending Date: _____

YES ___ NO ___ This Provisional licensee demonstrates competence in the area of evaluation.

YES ___ NO ___ This Provisional licensee demonstrates competence in the area of intervention.

YES ___ NO ___ This Provisional licensee demonstrates competence in the area of interaction and personal qualities.

Report of Partial PPE/CFY Completion (please check appropriate box):

I recommend that this experience count toward the completion of this Provisional licensee's PPE/CFY.

I **do not** recommend that this experience count toward the completion of this Provisional licensee's PPE/CFY.

Attach a letter of explanation and supporting documentation (if not recommended).

Report for Completed PPE/CFY (please check appropriate box):

I recommend that this experience count toward the completion of this Provisional licensee's PPE, and recommend this Provisional licensee for licensure in the area in which licensure is sought.

I **do not** recommend that this PPE/CFY count toward the completion of this Provisional licensee's PPE/CFY.

Attach a letter of explanation and supporting documentation (if not recommended).