

IMPORTANT: PLEASE READ THE FOLLOWING BEFORE COMPLETING THE CONTACTS LOG

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

The Contacts Log should reflect that the supervisor and the Provisional 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 Observation Tracking: 18 total; (1 hr = 1 onsite visit (up to 6 hours may be accrued in one day); 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 observation).
- A summary of the licensee's clinical strengths and goals must be documented at least once during each third of the professional experience – a total of 18 other monitoring activities; at least one per month

The tasks under the "Other Monitoring 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 *****

Please submit signed original to the Board Office – must be received within 30-days.

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 West Virginia Board of Examiners for Speech-Language Pathology and Audiology, within thirty (30) days, in writing, 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

Signature of Licensee Date

Signature of Supervisor Date

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

POSTGRADUATE PROFESSIONAL EXPERIENCE CONTACTS LOG

Signature of Supervisor

Date

PPE Report and Contact Log cannot be approved unless signed by Provisional Licensee and current supervisor of record.

ONSITE CONFERENCES / MONTHLY EVALS / QUARTERLY SUMMARIES

PLEASE PRINT LEGIBLY IN INK OR TYPE - MAKE ADDITIONAL COPIES FOR 2ND & 3RD PERIOD

<u>DATE</u>	<u>ON-SITE HOURS</u>	<u>OTHER SUPERVISORY ACTIVITIES</u> See Activity Code numbers Listed above	<u>SUMMARY OF CLINICAL STRENGTHS & GOALS</u> Document clinical strengths & goals at least once during each third of the PPE	<u>Monthly Evaluation Conference Held</u> Place check mark in appropriate boxes √	<u>SUMMARY OF FEEDBACK</u> 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.
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[2]					
[3]					
[4]					
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