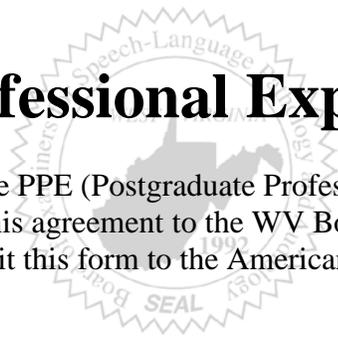


Postgraduate Professional Experience Agreement

The Postgraduate Professional and the PPE (Postgraduate Professional Experience) supervisor should retain a copy of this agreement. Submitting this agreement to the WV Board of Speech-Language Pathology & Audiology is required. Do not submit this form to the American Speech & Hearing Association (ASHA).



Name _____
Address _____
Phone _____
Social Security # _____
Area of Licensure Sought: SLP AUD

PPE Supervisor:

Name _____
Address _____

Do you have:

ASHA Certification SLP AUD Account#:
WV License SLP AUD License#:
Other License _____

PPE Setting:

Facility Name: _____
Address: _____
Phone: _____
Anticipated Beginning Date: _____
Anticipated Ending Date: _____
Hours per week to be worked in: _____
Speech-Language Pathology _____
Audiology _____

PPE Professional Experience:

Determine the length of the PPE and indicate the hours per week to be worked below:

- ___ Nine months of full-time professional employment of at least 30 hours per week.
- ___ Twelve months of part-time professional employment of at least 25 hours per week.
- ___ Fifteen months of part-time professional employment of at least 20 hours per week.
- ___ Eighteen months of part-time professional employment of at least 15 hours per week.

Specify how many hours per week will be spent in the activities listed below. It is the interpretation of the WVBESLPA that at least 80% of the PPE work week must be in direct client contact (assessment/diagnosis/evaluation, screening, habilitation/rehabilitation) and activities related to client management.

___ Evaluation (includes assessment, diagnosis, and screening)

___ Habilitation/rehabilitation

___ Activities related to client management (includes client reports, client conferences, family counseling, etc.) In-service training

___ Other (specify) _____

Plan for at least 36 supervisory activities during the entire PPE, including 18 hours of on-site observation and 18 other monitoring activities. Allow for minimum of 6 hours of on-site observation during each one-third segment of the PPE and at least one other monitoring activity per month. Indicate the planned distribution of hours:

___ Total number of hours of on-site observation

Number of hours of on-site observation

__1st segment __2nd segment __3rd segment __Total number of other monitoring activities

At least one monitoring activity per month: Yes No

Supervisor's Agreement

I, the PPE Supervisor, have read, discussed, and agreed upon all Sections listed above. Furthermore, I verify that my CCC is current and will be maintained during the PPE. I have read the "PPE Supervisors' Responsibilities." I agree to approve/disapprove, sign, and submit a Postgraduate Professional form to the WVBESLPA within 30 days of the beginning of the PPE experience. I will fulfill this responsibility even if I am unable to approve the PPE experience.

Postgraduate Professional Agreement

I, the Clinical Fellow, have read, discussed and agreed upon all Sections listed above. I have verified that my PPE Supervisor holds a current West Virginia license in the appropriate area. If it is later determined that this is not correct, I, not WVBESLPA, assume full responsibility for an invalid PPE experience. I have read and provided my PPE Supervisor with a copy of the "PPE Supervisors' Responsibilities." I have read and agree to abide by the WVBESLPA Code of Ethics.
