

Complete forms may be sent to the board office at info@floridasspeechaudiology.gov, or mailed to:

Board of Speech-Language Pathology & Audiology
 4052 Bald Cypress Way Bin C-06
 Tallahassee, FL 32399-3256



Board of Speech-Language Pathology & Audiology Supervisory Report for Provisional Licensees

Applicant Name: _____

Select the appropriate license type:	
<input type="checkbox"/> Speech-Language Pathologist	<input type="checkbox"/> Audiologist

Each evaluator must complete a separate form verifying the professional employment experience they supervised.

I. General Information		
Evaluator Name:		
Business Phone:		
Evaluator License Number:	<input type="checkbox"/> Speech-Language Pathologist	<input type="checkbox"/> Audiologist
Evaluator Business Address:		
Office or Agency Where Experience Took Place:		
Office or Agency Address:		
Office or Agency Phone:		
II. Evaluation Period		
List the applicant's dates of professional employment experience below.		
Beginning (MM/DD/YYYY):	Ending (MM/DD/YYYY):	Total # Weeks Worked:
Number of hours the applicant worked per week:		
Signature of Provisional Licensee:	Date (MM/DD/YYYY):	
Signature of Evaluator:	Date (MM/DD/YYYY):	