

## CLINICAL FELLOWSHIP AGREEMENT

Please complete this agreement for each differing clinical site address and supervisor. If you have more than one, please include additional copies of this page with your application.

Legal First Name		Legal Middle Name		Legal Last Name	
Residential Street Address Apt, Unit, etc. #				Phone Number (XXX)XXX-XXXX	
City		State		Zip Code	
Clinical Fellowship Supervisor's First Name		Supervisor's Last Name		Supervisor's AZ SLP License Number	
Business Address				Suite, Unit, etc. #	
City		State	Zip Code	Business Telephone Number	
The name of where the clinical fellowship will take place					
Business Address				Suite, Unit, etc. #	
City		State		Zip Code	

## CLINICAL FELLOWSHIP SUPERVISORS

### Arizona Administrative Code R9-16-209

#### Clinical Fellowship Supervisors

In addition to complying with the requirements in A.R.S. § 36- 1905, a clinical fellowship supervisor shall:

Complete a minimum of 36 supervisory activities throughout an individual's clinical fellowship that include:

- A minimum of 18 on-site observations,
- No more than six on-site observations in a 24-hour period, and
- A minimum of 18 monitor activities

As the clinical fellowship supervisor of this applicant, I agree to comply with Arizona Administrative Code R9-16-209.

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date