

PROCEDURES FOR REGISTRATION

Speech Pathology Clinical Fellowship Year (CFY)

All supervising licensees must register any and all Clinical Fellows working under their supervision with the Board on a registration form. Registration must be made by the supervising licensee before or within ten (10) days of retaining each Clinical Fellow.

An applicant for registration as a Clinical Fellow shall successfully complete a minimum of four hundred (400) clock hours of supervised clinical experience (practicum) with individuals having a variety of communication disorders, as required by ASHA. The experience shall have been obtained through an accredited college or university which is recognized by ASHA. The applicant shall cause the Department Chair or other program head to provide directly to the Board's Administrative Office a letter attesting to the standards of the Practicum and the applicant's successful completion, and the number of clinical hours achieved.

An applicant for registration as a Clinical Fellow shall cause a graduate transcript to be submitted directly from the educational institution to the Board's Administrative Office. The transcript must show that graduation with at least a Master's or Doctorate level degree has been completed and must carry the official seal of the institution.

PERIOD OF EFFECTIVENESS:

Clinical fellowships are effective for a period of no less than nine (9) months and no more than one (1) year.

The clinical fellowship's period of effectiveness for applicants for licensure who are awaiting national certification and subsequent Board review of their application for licensure may be extended for a period not to exceed three (3) additional months. Such extension will cease to be effective if national certification or Board licensure is denied. At all times while awaiting national certification results and until licensure is received, clinical fellows shall practice only under supervision as set forth in rule 1370-01-.10(1).

Application for licensure or a three (3) month extension of the clinical fellowship should be made thirty (30) days before the expiration of the clinical fellowship registration.

Supervising licensees may only supervise three (3) Registered Clinical Fellows concurrently or two (2) Registered Speech Assistants concurrently. They cannot supervise more than a total of three concurrently.

UNDERSTANDING THE APPLICATION PROCESS

If an address change occurs at any time, you **MUST** notify the Board office in writing immediately.

1. All documents required to be submitted must be mailed directly to:

**Board of Communication Disorders and Sciences
665 Mainstream Dr
Nashville, TN 37243**

We cannot accept faxed or emailed applications.

2. Please allow fourteen (14) working days for information mailed to our office to be received and placed in your file. The Board asks that you please give the Board office every consideration in this matter.
3. If necessary documentation has not been received when your application has been received by the Board office, an initial deficiency letter will be sent to you by mail.
4. Absent any complicating factors, the average application processing time is six weeks. Once the application is completed, your file will be promptly reviewed and an initial certification determination made. You will be promptly notified by letter of the initial determination.
5. Applications that are deficient sixty (60) days after receipt of the initial deficiency letter will be closed.
6. **All signatures MUST be in blue ink.**

Thank you for your cooperation. We will make every effort to expedite your application in an efficient manner.

In order to comply with federal statutes, the Board of Communications Disorders and Sciences is obligated to inform each applicant or licensee from whom it requests a social security number that disclosing such number is mandatory in order for this Board to comply with the requirements of the federal Healthcare Integrity and Protection Data Bank and/or the National Practitioner Data Bank. If the Board is required to make a report about one of its applicants or licensee to either or both of these data banks, it must report that individual's social security number. This application will not be complete if the social security number is omitted. The number will be used for identification purposes and for such purposes as are allowed by the state and federal law.

IMPORTANT: You must have a registration from the Board in your possession before you may lawfully practice in a Speech Pathology Clinical Fellowship.

CFY SUPERVISOR REGISTRATION FORM

CFY Registrant Name: _____
Last First Middle Maiden

Name of Supervisor: _____
Last First Middle Maiden

TN License Number of Supervisor **ASHA Certification Number**

Supervisor Address: _____

Phone: _____ **Email address:** _____

I, _____ have agreed to provide required and appropriate supervision to _____, registrant for CFY, for the period of _____ to _____
(Month/Day/Year) (Month/Day/Year)
Full Time _____ **Part Time** _____

Supervisor Signature: _____ **Date:** _____

Witness: I, _____ do hereby witness the signature of the above named Supervisor.
(Print or type name)

Witness Signature: _____ **Date:** _____

Please return completed form to: Tennessee Board of Communications Disorders and Sciences
665 Mainstream Dr
Nashville, TN 37243