



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Supervised Professional Employment Plan (SPEP) Agreement
Speech-Language Pathology/Audiology

I. Temporary Licensee/SPEP Participant

Name: _____

Address: _____
Street City State Zip Code

Email Address: _____

Telephone Number: _____ Social Security Number: xxx-xx-_____

II. Supervisor:

Name: _____

Address: _____
Street City State Zip Code

Email Address: _____

Telephone Number: _____ Social Security Number xxx-xx-_____

License number: _____

ASHA Certification Area: SLP AUD

III. SPEP Setting:

Facility Name: _____

Address: _____
Street City State Zip Code

Telephone Number: _____

Beginning date of SPEP ____/____/____ Ending date of SPEP ____/____/____

IV. SPEP Experience:

- A. Indicate the length of the SPEP experience and number of hours per week below:
 36 weeks of full-time professional employment of at least 30 hours per week.
 48 weeks of full-time professional employment of at least 25 hours per week.
 60 weeks of full-time professional employment of at least 20 hours per week.
 72 weeks of full-time professional employment of at least 15 hours per week.

At least 80% of the SPEP week will be spent in direct client contact (assessment/diagnosis/evaluation, screening, habilitation/rehabilitation) and activities related to client management.

Yes No

- B. Professional clinical employment responsibilities:
 (List the approximate number of hours a week in each activity.)

<u>Activity</u>	<u>Hours per week</u>
Assessment/Diagnosis/Evaluation	_____
Screening	_____
Treatment (direct and indirect services)	_____
Activities related to client management (report writing, family/client consultation/counseling, etc.)	_____
In - Service Training	_____

V. SPEP Supervision:

- A. There will be at least 36 supervisory activities during the entire SPEP, including 18 hours of onsite observation and 18 other monitoring activities. SPEP supervision will be divided equally among three segments (1/3 length of SPEP). There will be at least six (6) hours of on-site observation and at least six (6) other monitoring activities during each segment of the SPEP. All supervisory activities must be documented and filed with the SPEP Report.

B. Supervision

METHODS	TIMES PER MONTH (Estimated)	LENGTH – HOURS (Estimated)	ACTIVITY (See list under <i>Section IV (B)</i> of this form)
On-site Observations	_____	_____	_____
Remote Observations (audio, video, tape, or telephone)	_____	_____	_____
Conferences (Telephone Correspondence)	_____	_____	_____
Review of Records (A) Therapy Plans (B) Diagnostic Reports	_____	_____	_____
Staff Meetings	_____	_____	_____
Case Meetings	_____	_____	_____
Other	_____	_____	_____

VI. Rules for the SPEP

- (1) An SPEP participant must be issued a temporary license prior to beginning the SPEP.
- (2) A temporary licensee may only practice in the SPEP setting.
- (3) The SPEP setting must be designed to evaluate, habilitate, or rehabilitate individuals with speech, language and hearing difficulties.
- (4) The SPEP setting must allow the temporary licensee to complete the SPEP as planned. This is the temporary licensee's responsibility.
- (5) Direct patient contact, consultations, record keeping, or other duties relevant to a program of clinical works are the only activities to be included in an SPEP.
- (6) A temporary licensee must submit a new SPEP agreement prior to beginning the new SPEP if there is a change in the setting, supervisor, or number of hours worked per week. An SPEP report must be filed by the licensee who is terminating supervision or changing the SPEP. (see #10)
- (7) The supervisor is responsible for all treatment for a patient by the SPEP participant.
- (8) The SPEP must be completed at settings in the State of Mississippi.
- (9) The SPEP supervisor is required to report any unacceptable practices to the Branch within five (5) calendar days. A plan detailing corrective measures must accompany any such report.
- (10) The SPEP supervisor has ten (10) calendar days from the end of the SPEP in which to file the SPEP Report with the Branch for review. The Branch will take appropriate action regarding licensure following the review. The Branch will take appropriate action regarding licensure following the review. A temporary licensee receiving an unsatisfactory SPEP report will be given an opportunity to challenge the report.

VII. Supervisor's Agreement:

I agree to conduct one formal evaluation during each segment of the SPEP. I have read and discussed this agreement with the applicant and have agreed to supervise the applicant as specified above. I have read and understand The Regulations Governing Licensure of Speech-Language Pathologists and Audiologists. I agree to complete and submit a SPEP Report form to the Mississippi State Department of Health, Professional Licensure Branch, within 10 days of the completion of the SPEP experience. I will fulfill this responsibility even if I am unable to approve the SPEP. Furthermore, I verify that my license is current and will be maintained during the SPEP.

The SPEP is being used to satisfy the requirements of a Clinical Fellowship Year (CFY) for certification by ASHA.

Yes

No

Signature of Supervisor

Date

VIII. Temporary License Applicant's Agreement:

I have read, discussed, and agreed with the supervisor on all sections listed above. I have verified that my supervisor holds a current license in the area in which I am seeking licensure. I have read and understand *The Regulations Governing Licensure of Speech Language Pathologists and Audiologists*.

The SPEP is being used to satisfy the requirements of a Clinical Fellowship Year (CFY) for certification by ASHA.

Yes No

Signature of Applicant

Date

Note: Please submit the original copy to Professional Licensure and keep a copy for your records.