DC HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA
Health Systems & Preparedness Administration

Applicants: The supervisor must complete this form **and** send it directly to the DC Board of Rehabilitative Therapies via email (dcboaud@dc.gov).

Audiology Clinical Fellowship
Supervision & Experience Verification Form

Section 1: Applicant & Supervisor Information

Applicant Name: _____

Supervisor Name: _____

Supervisor's License Number: _____**Issue Date:** _____**State/Jurisdiction:**_____

Clinical Site Name: _____ **Site Address:**_____

Section 2: Clinical Fellowship Time Period & Work Hours

Please select the timeframe that applies to the applicant's fellowship period:

Fellowship Start Date: _____ **End Date:** _____

Selection	Weekly Work Hours	Required Duration
[ ]	30 hours per week	9 months
[ ]	25-29 hours per week	12 months
[ ]	20-24 hours per week	15 months
[ ]	15-19 hours per week	18 months

Total Number of Hours Completed: _____

Section 3: Supervised Activities & Client Contact

{According to audiology regulations, section 7803.3(a), at least 80% of the experience must be in direct client contact}.

Check all that applies to the supervisee's experience:

Part A: Direct Client Contact (Minimum 80% of total hours)	**Yes**	**No**
Assessment, diagnosis, evaluation, and treatment		
Screening		
Habilitation and rehabilitation		
Activities related to case management		
Part B: Indirect Supervised Activities (Remaining percentage)	**Yes**	**No**
Writing		
Research		
Planning		

Section 4: Supervisor's Attestation & Signature

In your opinion, has the applicant demonstrated competency in the practice of audiology sufficient for licensure and the independent practice of audiology? **Yes** [ ] **No** [ ]

I certify that the applicant was employed as a professional in the field of audiology under supervision and that the information provided above accurately reflects the hours and activities completed in accordance with DC Municipal Regulations for Audiology.

Supervisor Signature: _____ **Date:** _____ **Supervisor's Email:**_____