THE UNIVERSITY OF LOUISIANA AT MONROE
SPLP 4076 - Application

Students interested in pursuing the Speech-Language Pathology Assistant (SLP-A) Track should complete and submit this application by October 10 for spring enrollment and April 15 for fall enrollment. Submission of an application does not guarantee acceptance into the Track.
All required documents must be submitted via email: slp@ulm.edu
Documents submitted to any other email, including that of the Instructor, will not be considered.

Name_____ Email _____ Requested Semester_____

Mailing Address _____ Cell Phone # _____

University from which you earned your bachelor's degree in Speech-Language Pathology
_____

Cumulative Undergraduate GPA_____

Uncorrected GPA of all SLP Courses_____

Grades in the following courses or their equivalent:

SPLP 1052 (Speech and Language Acquisition) _____

SPLP 4001 (Phonetics)_____

SPLP 4007 (Phonetics lab) if applicable _____

SPLP 4028 (Articulation Disorders) _____

SPLP 4033 (Language Pathology) _____

Student: Submit items the following documents to slp@ulm.edu. Subject Line: SPLP 4076 Application

1. Application
2. Letter of Interest/Intent
3. Unofficial Transcripts
4. Copies of Supervisor's ASHA certification and Louisiana license
5. 3 Letters of Recommendation are required. Recommenders should submit to slp@ulm.edu; Subject line: 4076, LOR, Student's name

By signing this document, I (student's name) _____ confirm that I

- Have truthfully completed the required information
- Understand that it is my responsibility to verify the accuracy of the provided information
- Have secured an ASHA certified and state licensed Speech-Language Pathologist to supervise my hours in the approved placement site
- Understand that if accepted into the Track, I will apply to ULM as an Undeclared student and will pay all applicable tuition and fees
- Must submit official transcripts and immunization records with my ULM application
- Will complete and pass a mandatory background check and drug screening, at my own expense, by the instructor's specified due date
- May not begin observation hours or any part of the course without instructor approval

_____ _____ _____
Student's Name Printed Student's Signature Date

SPLP 4076 Beginning Practicum in Communication Disorders
Information for Potential On-Site Clinical Facility

Name/Title of On-Site Speech-Language Pathology Supervisor who has agreed to supervise you and has signed this document

_____

ASHA Number _____ Year Certified _____ Louisiana License Number _____
A copy of current ASHA certification and current Louisiana license must be attached

Supervisor's Email: _____ **Supervisor's Phone Number**: _____

Degree(s)/Name of Institution Attended/Year Graduated:
_____Year:_____
_____Year:_____

Previous Affiliation with ULM SPLP Program?

No _____ Yes_____ When: _____ What Capacity: _____

Name of Clinical Facility: _____
Address: _____
Phone: _____ Fax: _____ Facility Website: _____

Brief Description of Facility including types and ages of clients served:
_____
_____

I agree to supervise _____ who is interested in pursuing a Provisional License as a Speech-Language Pathology Assistant.

By signing this document, I confirm that I

- Am currently certified by ASHA, have worked full-time with the Certificate of Clinical Competence for a year or more, and hold a valid SLP license from Louisiana or applicable state
- Have provided copies of ASHA certification and Louisiana license
- Have completed, or will complete upon agreement verification, one hour of Continuing Education in Supervision
- Am not receiving any remuneration from the student or ULM to provide supervision
- Have reviewed the Memorandum of Understanding between ULM and this facility
- Will immediately contact the Instructor related to any concerns in the student's performance

Supervisor's Signature: _____ Date: _____