

Supervisor Agreement Form for SLPA Internship (COMD 495)

Student Information

- Name of Student (Applicant): _____

Supervisor Information

- Name of Supervisor (SLP): _____
- Clinic/School Site: _____
- Clinic/School Address: _____
- Supervisor Email: _____
- ASHA Certificate of Clinical Competence (CCC) Number: _____
- California SLP License Number: _____

Agreement

I, _____ (Supervisor's Name), a licensed speech-language pathologist holding a current ASHA CCC and California SLP license, agree to supervise the above-named student for **100 hours of fieldwork** (at least 80 hours of direct patient contact) to fulfill the SLPA certification requirements during **Fall 2026 semester (August 24 – December 11, 2026)**, pending the student's acceptance into the CSUF COMD 495 Internship course.

Supervisor Signature: _____ **Date:** _____

Instructions for Submission

Supervisors should submit this completed agreement form via email to comdassistant@fullerton.edu. Alternatively, the student may forward the supervisor's email containing the completed agreement form to the same address.