

NOMINATION FOR SPEECH PATHOLOGY SUPERVISOR

Name of Supervisor:

Title:

Home Address:

Home Telephone Number:

School/s Name/s

School District Entity (i.e. ISD or USD etc.)

Preferred School Address:

Preferred School Telephone:

Preferred FAX Number:

Email address:

Dates of Responsibility:

Certificate of Clinical Competence from American Speech-Language-Hearing Association in Speech Language Pathology: ASHA Account# _____ (Required)

California License # _____ (Preferred)

California Teaching Credential: _____

State License State _____ Number _____

Teaching Credential/s

Social Security # _____ (This is required in order to send a stipend.)

Person/s Supervised _____

Can your supervisor receive a stipend from the university? _____

Mail as soon as possible to:

Dr. Karen Jones Green

Distance Education Coordinator, Communication Disorders and Sciences
California State University Northridge
18111 Nordhoff Street
Northridge, CA 91330-8279