

Speech-Language Pathology Program Audiology Program P.O. Box 7869 Olympia, WA 98504-7869

Speech-Language Pathology Interim Permit or Audiology Interim Permit Supervision Documentation

Name of interim permit holder:		
Permit number:	Start date:	Completion date:

- WAC 246-828-04503 (1)(a) The interim permit period must consist of at least 36 weeks of full-time postgraduate professional work experience or its part time equivalent.
- The supervisor must submit to the department, on forms provided by the department, documentation of supervision and progress during the postgraduate professional work experience, at the end of each three month period.
- Postgraduate professional work experience of less than 15 hours per week does not meet the requirement and may not be counted toward the postgraduate professional work experience. Experience of more than 30 hours per week may not be used to shorten the postgraduate professional work experience to less than 36 weeks.
- The interim permit expires one year from the date it is issued. The board may extend
 the interim permit an additional 24 months to accommodate part-time postgraduate
 professional work experience or upon the request of the interim permit holder due to illness
 or extenuating circumstances.

The interim permit period is divided into three-month timeframes. Please indicate the number of postgraduate professional work experience hours completed each week.

Week 1	Week 13	Week 25
Week 2	Week 14	Week 26
Week 3	Week 15	Week 27
Week 4	Week 16	Week 28
Week 5	Week 17	Week 29
Week 6	Week 18	Week 30
Week 7	Week 19	Week 31
Week 8	Week 20	Week 32
Week 9	Week 21	Week 33
Week 10	Week 22	Week 34
Week 11	Week 23	Week 35
Week 12	Week 24	Week 36

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As the supervisor for interim permit holder	,			
permit number				
work experience, as indicated above, has been completed.				
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Signature of Supervisor:				
Name of Supervisor:				
Date:				
Supervisor comments: (Please use additional pages as needed)				

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