

SCHOOL OF GRADUATE AND CONTINUING STUDIES

THE RICHARD STOCKTON COLLEGE OF NEW JERSEY

The Degree You Need to Achieve™

CLINICAL HOURS VERIFICATION FORM

MASTER OF SCIENCE IN COMMUNICATION DISORDERS ONLY

**** PLEASE TYPE OR PRINT IN BLACK INK ****

Applicants, please print this form, as needed. Submit a separate form for each work site. Complete the top half and request that the supervisor of the practicum site complete the bottom half. If you have signed, log hours with the ASHA number of the clinical supervisor(s) noted, you may submit copies of the log sheets and do not need the bottom portion of the form signed. These completed forms must be included in your application package.

Applicant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-mail: _____

Clinical Supervisor's Name: _____

Supervisor's ASHA Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-mail: _____

Total Number of Supervised Observation Hours	Total Number of Treatment Hours	Total Number of Diagnostic Evaluation Hours

Signature of Clinical Supervisor:

Date: