

Student Clinician: _____ Semester: _____

Externship Supervisor Signature Card

Name: _____

Facility: _____

Address: _____

Email: _____

Phone: _____

ASHA #: _____ Exp. Date: _____

Licensure #: _____ State: _____ Exp. Date: _____

Date contract signed: _____

Signature of Supervisor: _____

Please provide copies of your CURRENT ASHA card and license, if applicable.