NMRLD
NEW MEXICO
REGULATION &
LICENSING DEPARTMENT

CFY COMPLETION FORM: STATEMENT OF VERIFICATION OF POSTGRADUATE SUPERVISED HOURS

SECTION 1: To be completed by the applicant. It is the applicant's responsibility to send this form to the appropriate supervisors listed on your CFY Plan. Submit one form for each supervisor.

DATE:	SUPERVISOR'S NAME:
APPLICANT'S NAME:	

SECTION 2: To be completed by the supervisor, and then returned to the applicant to upload into the on-line application for Speech-Language Pathologist.

LAST NAME:	FIRST NAME:	MIDDLE INITIAL:
ADDRESS:	CITY:	STATE:	ZIP CODE:
LICENSE TYPE:	LICENSE NUMBER:	STATE:	ISSUE DATE:
LOCATION OF SUPERVISED HOURS:			

BEGINNING DATE OF SUPERVISION (MM/DD/YYYY):	ENDING DATE OF SUPERVISION (MM/DD/YYYY):	AVERAGE NUMBER OF CLOCK HOURS WORKED WEEKLY:	TOTAL NUMBER OF CLOCK HOURS:

SECTION 3: SUPERVISOR VERIFICATION & AFFIDAVIT

1. I declare under penalty of perjury under the laws of the State of New Mexico that the above information is true and correct.
2. Based on my experience with this applicant, I attest the following regarding their fitness for independent licensure as a Speech-Language Pathologist (please check and **initial** next to response):
   - ☐ is fit for independent license. _____ (initials)
   - ☐ is NOT fit for independent license. _____ (initials)
   - ☐ I have some concerns. _____ (initials)

   REMARKS: The Board would appreciate any information regarding your evaluation above. On a separate sheet, please include any information you consider to be relevant regarding this applicant.

3. The undersigned, being duly sworn, upon their oath deposes and says that they are the person making the foregoing statements and that they are made in good faith and are true in every respect. By executing this application form, the undersigned also acknowledges that the supervisee received the above supervision. **I certify that all of the statements made in this form are true, complete, and correct to the best of my knowledge and my belief and are made in good faith.**

Supervisor's Signature_____ Date _____