



**STATE OF TENNESSEE
DEPARTMENT OF HEALTH
DIVISION OF HEALTH LICENSURE AND REGULATION
OFFICE OF HEALTH RELATED BOARDS
665 Mainstream Dr
Nashville, TN 37243
www.tn.gov/health**

**Verification of Ability to Provide Supervision for Performing Endoscopy
State of Tennessee
(Pursuant to T.C.A. §63-17-103(5)(B))**

_____ (Speech-Language Pathologist) has successfully performed 50 endoscopic procedures and is qualified to supervise speech-language pathologists who are in the process of achieving competency in endoscopy.

Signature of Speech-Language Pathologist

Date

Board Certified Otolaryngologist (Please Print)

Signature of Otolaryngologist

Date

Subscribed and sworn before me this _____ day of _____

at _____
(City) (State)

Notary Seal

Notary Public _____

My Commission Expires _____

This document verifying the ability to provide supervision of endoscopy competency must be kept with the Verification of Competency at the primary practice location of the speech-language pathologist.