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.

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