



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

**Verification of Endoscopy Competency
State of Tennessee
(Pursuant to T.C.A. §63-17-103(5)(B))**

_____ (Speech Language Pathologist) has successfully performed 25 endoscopic procedures under my supervision and is in my opinion competent in the proper and safe use of endoscopies in the State of Tennessee.

Signature of Speech Language Pathologist

Please print name of Board Certified Otolaryngologist or Speech Language Pathologist*

Signature of Otolaryngologist or Speech Language Pathologist*

Date

*If a Speech Language Pathologist is signing, please attach written approval of SLP to provide supervision signed by a board certified Otolaryngologist.

Notary Seal

Notary Public _____

My Commission Expires _____

ENDOSCOPY CERTIFICATION

CHECKLIST

_____ Proof (college transcript or certificate of completion) of fifteen (15) hours of educational program or a college course on performing endoscopies

AND

_____ Completed Verification of Endoscopy Competency

- (1) By an otolaryngologist indicating successful performance by the applicant of at least 25 endoscopic procedures under his or her supervision; or
- (2) By a Speech Language Pathologist indicating successful performance of at least twenty five (25) endoscopic procedures under his or her supervision. The Speech Language Pathologist providing the supervision must have written approval to do so by a Board Certified Otolaryngologist who must verify that the SLP supervisor has successfully performed at least 50 endoscopic procedures.