



Certified European Stuttering Specialists
Verification of Clinical Activity Form (Initial Application)

This form is to be filled out by the Applicant himself/herself and countersigned by the Applicant's Supervisor, a CESS registered therapist or a specialist therapist colleague. (please note: as stated on 'Application for CESS certificationl' instruction form: instead of this form it is also possible to upload a screenshot of 80 hours of clinical activity)

Applicant

I have completed a minimum of 80 hours of direct clinical activity in the area of stuttering and cluttering, providing services in prevention, assessment, intervention, clinical supervision/mentoring trainees, referrals, consulting. This activity covers a caseload including preschool and school-aged children adolescents and adults who stutter or clutter. The clinical work adheres to country-specific clinical guidelines, code of ethics and professional standards and was delivered during the three-year period prior to this date.

Name of Applicant: _____

Dates of three-year period: _____

Email: _____

Signature: _____

Date of signature: _____

Supervisor

I confirm that _____ (name of Applicant) has completed a minimum of 80 hours of clinical activity in the three-year time period as stated above.

Name and position of supervisor _____

Signature of Supervisor _____

Email of supervisor _____

Date of signature: _____