



**South Carolina Board of Examiners in
Speech-Language Pathology and Audiology**

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P.O. Box 11329 • Columbia • SC 29211-1329

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www.llr.sc.gov/POL/Speech/



**Summary of Clinical Clock Hours
Speech-Language Pathology and Audiology Intern - Graduate**

This document should be completed by the school, contain the school seal and be mailed directly to the SC SLP/A Board at the above address. Supporting documentation may be sent to the Board; however it must be attached to this completed form.

Student Name: _____

Date: _____

Observation Hours Completed: _____

Date of Practicum Completion: _____

Subtotal Hours at Graduate Level: _____

EVALUATION

Semester:	1st	2nd	3rd	4th	5th	6th
Speech-Child						
Speech-Adult						
Language-Child						
Language Adult						
Related Disorders						

TREATMENT

Speech-Child						
Speech-Adult						
Language-Child						
Language Adult						
Related Disorders						

AUDIOLOGY						
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TOTAL HOURS						
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Clinical Supervisor Signature: _____

ASHA Number: _____

Program Director Signature: _____

ASHA Number: _____

School Seal (Required)