



South Carolina Department of Labor, Licensing and Regulation

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

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**REPORT OF COMPLETED INTERSHIP**

*Download and save a copy of this form to your device before completing.*

This form must be completed and signed by the intern and supervisor. A separate report is required for each supervisor at the end of the internship or if there is a change in the number of hours worked.

The supervisor is required to complete this formal evaluation within 30 days of the completion of the Supervised Professional Employment (SPE) relationship. Once the Report of Completed Internship form is complete, the Intern should submit to the Board with the Request to Upgrade to a Permanent Speech-Language Pathologist application.

**INTERN INFORMATION**

Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**INTERN SUPERVISION PLAN**

Indicate the length of the planned professional experience. A separate Report of Completed Internship form must be submitted to the Board for each supervisor, different site locations and/or category hours.

Nine (9) months/36 weeks of supervised professional employment (approximately 35 hours per week).

Twelve (12) months/48 weeks of supervised professional employment (approximately 27 hours per week).

Fifteen (15) months/60 weeks of supervised professional employment (approximately 21 hours per week).

Eighteen (18) months/72 weeks of supervised professional employment (approximately 18 hours per week).

\_\_\_\_\_ months/\_\_\_\_\_ weeks of supervised professional employment (no less than 5 hours per week).

**SUPERVISOR INFORMATION**

Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Phone: \_\_\_\_\_

**EMPLOYMENT INFORMATION**

Company: \_\_\_\_\_

Physical Location: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Internship Start Date: \_\_\_\_\_ Internship End Date: \_\_\_\_\_

Practice Setting (See below): \_\_\_\_\_ Supervisory Agreement Date: \_\_\_\_\_

Type	Description	Type	Description	Type	Description
1	Private Practice	7	Habilitation Facility	13	Out-Patient Facility
2	Physician’s Office	8	Home Health	14	Academic Setting
3	Hospital	9	Nursing Home	15	Military Setting
4	Public School	10	Other Government Facility	16	Hearing Aid Dealer or Franchiser
5	Private School	11	Other Private Facility	17	Industrial Setting
6	Rehabilitation Facility	12	Unknown		

**TO BE COMPLETED BY THE SUPERVISOR:**

**EVALUATION DATA**

Do not include any weeks during which the intern did not practice the minimum number weekly hours established in the Supervisor Agreement/Intern Plan for SPE form.

**Note that while the total SPE must consist of 1,260 total hours, the formal evaluation of the intern must be based upon 36 clock hours (a minimum of 4 hours each month) of supervisor-monitored activities, including 18 on-site observations (a minimum of 2 hours each month) of the intern completing diagnostic and therapeutic procedures such as screening, evaluation, assessment, habilitation, and rehabilitation and 18 other monitoring activities (a minimum of 2 hours each month), which may include conferences with the intern, evaluation of written reports, and/or evaluation by professional colleagues conducted either in-person or off-site.**

Indicate below the number of on-site hours that the supervisor directly observed the practice of the intern (face-to-face) and the number of monitoring activities completed during each 4-week period of the SPE in the first two columns. In the final column, indicate the total number of SPE hours for each month, which will include the direct observation hours as listed in the first two columns and all other SPE hours, whether or not the intern was directly supervised during those experience hours.

Months of Intern Supervision	Number of On-Site Hours Supervised	Number of Hours of Other Monitoring Activities	Total Hours for Each Month
	A minimum of 2 hours is required for each category		A minimum of 1,260 Hours is required
Month 1			
Month 2			
Month 3			
Month 4			
Month 5			
Month 6			
Month 7			
Month 8			
Month 9			
Month 10			
Month 11			
Month 12			
Month 13			
Month 14			
Month 15			
Month 16			
Month 17			
Month 18			
<b>Minimum 36 Hours:</b>			<b>Minimum 1,260 Hours:</b>

Note: If the SPE lasts longer than 18 months, please use additional pages as necessary to document the number of on-site hours that the supervisor directly observed the practice of the intern (face-to-face) and the number of monitoring activities completed during each 4-week period.

**INTERN’S ATTESTATION**

- I have read and discussed this report with my internship supervisor.
- I checked and found that my supervisor held an unrestricted, active license during my internship.
- I had a Supervisor Agreement/Intern Plan for each change in supervisor and/or worksite during my internship.
- I understand that a separate Report of Completed Internship must be submitted for each change in supervisor and/or worksite.
- I attest that I have completed my SPE internship as required by law and regulation. I understand that if it is determined that my supervisor or I have not complied with the terms of the Supervisor Agreement/Intern Plan or that I have otherwise not met the required elements of the SPE internship, my internship may be invalidated, and I may be required to complete another SPE internship.

\_\_\_\_\_  
Intern’s Signature

\_\_\_\_\_  
Date

**SUPERVISOR’S ATTESTATION & FINAL RECOMMENDATION**

I attest that my license was current throughout this internship. I further attest that I received Board approval prior to allowing the above-named intern to practice.

**CHOOSE ONE FROM THE OPTIONS BELOW:**

As the above-named intern’s supervisor, I recommend that the internship be approved by the Board towards meeting the requirements for full licensure. Once the internship has been completed (and if the intern license is still valid and not expired), an intern may continue to practice under your supervision with the intern license while waiting for the issuance of their full license.

OR

As the above-named intern’s supervisor, I **DO NOT** recommend that the internship be approved by the Board towards meeting the requirements for full licensure. Attach a detailed explanation.

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

Sworn to and subscribed me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ .

Notary Signature: \_\_\_\_\_

Print Notary Name: \_\_\_\_\_

{Seal}

Notary Public for the State of: \_\_\_\_\_

Commission Expiration Date: \_\_\_\_\_