



South Carolina Department of Labor, Licensing and Regulation
**South Carolina Board of Examiners in
 Speech-Language Pathology and Audiology**
 110 Centerview Dr. • Columbia • SC • 29210
 P.O. Box 11329 • Columbia • SC 29211-1329
 Phone: 803-896-4655 • Contact.Speech@llr.sc.gov • Fax: 803-896-4719
 llr.sc.gov/aud

**SUPERVISOR AGREEMENT/ INTERN PLAN FOR
 SUPERVISED PROFESSIONAL EMPLOYMENT (SPE)
 FOR SPEECH-LANGUAGE PATHOLOGY OR AUDIOLOGY INTERNS**

The SC Board of Examiners in Speech/Language Pathology and Audiology Practice Act and Regulations should be reviewed for specific guidelines for Supervised Professional Employment. Visit the Laws and Policies section on the Board website listed above.

When applying, renewing or there is a change in the supervisory relationship, a new Supervisor Agreement/ Intern Plan must be submitted. If there is more than one supervisor, a separate form should be filled out, signed by the intern and supervisor and submitted to the Board.

There is no fee if you are submitting the Supervisory Agreement/Intern Plan with your initial application. After you are approved for licensure and you need to add or change a supervisor, you must submit a fee of \$25 by check or money order made payable to the Board of SLP/A with the updated form. Fees are non-refundable. A returned check fee of up to \$30, or an amount specified by law, may be accessed on all returned funds.

Please select one option below:

NEW APPLICATION (NO FEE) ADD A SUPERVISOR (\$25) CHANGE A SUPERVISOR (\$25)

Type:

Speech Language Pathology Audiology

APPLICANT/ INTERN INFORMATION

Name: _____ Phone: _____

Last 5 digits of social : _____ License Number: _____
 (If applicable)

SUPERVISOR INFORMATION

Name: _____ Title: _____

License Number (Required): _____ Phone: _____

EMPLOYMENT INFORMATION

Company: _____ Phone: _____

Physical Location (No PO Boxes, include city, state, zip): _____

Mailing Address (if different): _____
 (Include City, State and Zip code)

Proposed Start Date: _____ Setting (See below): _____

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		

INTERN SUPERVISION PLAN

In the event that part-time employment is used to fulfill a portion of the SPE, 100% of the minimum hour requirements for part-time work must be spent in direct professional employment as defined below. Indicate the length of the planned professional experience with the number of hours per week.

Nine (9) months/ 36 weeks of full-time supervised professional employment of, at least, 30 hours per week.

Twelve (12) months/ 48 weeks of full-time supervised professional employment of, at least, 25-29 hours per week.

Fifteen (15) months/ 60 weeks of full-time supervised professional employment of, at least, 20-24 hours per week.

Eighteen (18) months/ 72 weeks of full-time supervised professional employment of, at least, 15-19 hours per week.

The intern experience must be divided equally with no fewer than 36 clock hours of supervisory activities to include 18 on-site observations (a minimum of 2 hours each month) of direct contact at the work site, in which the intern will provide screening, evaluation, assessment, habilitation, and rehabilitation and 18 monitored activities (a minimum of 2 hours each month), which may include conferences with the intern, evaluation of written reports, evaluation by professional colleagues and correspondences.

INTERN ACKNOWLEDGMENT

- I understand it is my responsibility to immediately notify the Board of any changes to my supervisory plan and/or relationship.
- A valid (Approved by the SLPA Board)Supervisory Agreement must be on file in order to practice as a SLP/A Intern.
- Practice without a valid Supervisory Agreement in place may result in disciplinary actions by the Board.

Intern's Signature

Date

SUPERVISOR ACKNOWLEDGMENT

- I understand that the Board encourages me to immediately notify it of any changes to this agreement and that my failure to do so could result in a disciplinary action against my license for violations including, but not limited to, aiding and abetting in unlicensed practice.
- I understand that I am responsible for the services provided to the client that are performed by the above named Intern.
- I must ensure all services are in compliance with the SC Board of Examiners in Speech/Language Pathology and Audiology Practice Act and Regulations.
- I also understand that I must keep current training and performance records. The detailed records must be made available to the Board within 15 days of the date of the Board's request.
- Within one month of completion of the SPE, I will conduct a formal evaluation of the intern's performance with the intern and submit the evaluation on the **Report of Completed Internship** form with my recommendation to the SC SLPA/A Board. (Form is located on the Application and Forms page of the website)
- I understand I can only supervise three interns at a time.

Supervisor's Signature

Date

Sworn to and subscribed me this _____ day of _____, 20_____.

Notary Signature: _____

Print Notary name: _____

Notary Public for the State of: _____

Commission Expiration Date: _____