



**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

**Requirements and Instructions to apply for licensure as a
Speech-Language Pathologist or Audiologist Intern**

- You must have earned a post-graduate degree in Speech-Language Pathology or Audiology from an accredited school or program that meets the requirements of the Council on Professional Standards of the American Speech-Language Hearing Association (ASHA). Official transcripts should be mailed directly from the school/institution to the SC SLP/A Board.
- Written verification of 375 clinical clock hours within the training institution or in one of the cooperating programs of supervised, direct clinical experience with individuals presenting a variety of disorders of communication. Supporting documentation may be sent to the Board; however it must be attached to the completed **Clinical Clock Hours Report** form. This document must contain the school seal and be mailed directly to the SC SLP/A Board at the above address.
- A valid **Supervisor Agreement/ Intern Plan for Supervised Professional Employment (SPE)** form is required in order to practice as an intern. You must have an active agreement in place at all times in order to practice. It is your (intern) responsibility to notify the SC SLP/A Board of any change in the Supervisor Plan or relationship. There is no fee associated with the SPE form(s) if it is remitted with your initial application. If you need to change or add a supervisor after you are approved for licensure, you must remit the SPE Form along with a \$25 fee. The SPE form along with the fee should be mailed to the SC SLP/A Board at the above address.
- Once the SPE (Internship) is completed, the supervisor must complete a **Report of Completed Internship** form and submit to the SC Board of SLP/A. This form is located on the Board website under the Applications and Forms tab.
- You have one-year to complete your internship. If you do not complete your internship within one-year, you may be allowed to renew the license for one additional year. You must have eight (8) continuing education hours of approved courses. Proof of course completion must be submitted with the renewal application. (Full instructions for the renewal application process or upgrade application process are included with the applicable applications.)
- Although you are not required to take the national exam before being licensed as an intern, you must take and pass the ASHA Exam before you can renew or upgrade your Intern license. A minimum score of 600 is required for licensure as a Speech-Language Pathologist/Audiologist. You may request that your scores be sent directly to the SC SLP/A Board through <https://www.ets.org/praxis/asha> website.

You should read and be familiar with the Laws and Policies of the SC Board of Examiners in Speech/Language Pathology and Audiology Practice Act and Regulations. These are located on the Board website: www.llr.sc.gov/POL/Speech/.

Include with your application:

- Check or money order in the amount of \$100 made payable to the SCBSLP/A. Application fee is non-refundable. A returned check fee of up to \$30, or an amount specified by law, **may** be assessed on all returned funds.
- Copy of your valid Driver's License, State Issued ID, Passport or Military ID
- Copy of your social security card
- 2x2 Passport Photo taken less than 6 months prior to the application
- Signed Supervisory Agreement/Intern Plan Form(s) for SPE (Original Form Only. No copies or faxes.)

Must be mailed directly to the Board office address above from the issuing agent:

- College Transcripts
- Summary of Clinical Clock Hours Report
- ASHA Exam Scores (If you have taken and passed)



South Carolina Department of Labor, Licensing and Regulation
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**APPLICATION FOR A SPEECH-LANGUAGE PATHOLOGY OR AUDIOLOGY
 INTERN LICENSE
 (FOR NEW GRADUATES ONLY)**

Include with your application:

- Check or money order in the amount of \$100 made payable to the SCBSLP/A. Application fee is non-refundable. A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds.
- Copy of your valid Driver's License, State Issued ID, Passport or Military ID
- Copy of your signed social security card
- 2x2 Passport Photo taken less than 6 months prior to the application
- Completed Supervisory Agreement/Intern Plan Form(s) for SPE

Must be mailed directly to the Board at the address above from the issuing agent:

- College Transcripts
- Clinical Clock Hours Report
- Praxis Exam Scores (If you have taken and passed)

Note for SC Residents: To find your Congressional District you may go to: <http://www.scstatehouse.gov/legislatorssearch.php>

APPLICANT INFORMATION:

Last Name: _____ First: _____ Middle: _____ Suffix: _____

Have you ever legally changed your name? Yes No Maiden Name: _____

If yes, please submit legal documentation supporting the change. (Marriage certificate, divorce decree, etc.)

Home Address: _____ District: _____
 (Street, City, State & Zip) Congressional District (SC Residents Only)

Mailing Address: _____
 (If different than above)

County: _____ Date of Birth _____ Social Security # _____

Email address: _____ Telephone: _____

INTERNSHIP EMPLOYMENT (Required):

Include the Supervisor Agreement/Intern Plan SPE form with the application. You may include more than one location by attaching additional forms. no fee is required for Supervisor Agreement/Intern Plan SPE forms that are included with the application.

Company Name: _____ Proposed Start Date: _____

Position Title: _____ Telephone: _____

Location (Site) Address: _____
 (Must be physical location – no PO BOX) (city, state, zip)

Mailing Address (if different): _____

Supervisor Name: _____ License #: _____ Agreement Date: _____

Title: _____ Location: _____

EDUCATION:

List the accredited college you obtained your post graduate degree in SLP/A. Contact the school/ institution and have an official set of transcripts mailed directly to the SC SLP/A Board at the address listed on the front of the application.

School: _____ Location (city/state or country): _____

Degree: _____ Date of Attendance/ Date Degree Awarded: _____

School: _____ Location (city/state or country): _____

Degree: _____ Date of Attendance/ Date Degree Awarded: _____

PERSONAL HISTORY:

Answer all the questions below; you are required to include a written statement with your application for any questions marked "Yes". If you answer "Yes" to an arrest or conviction; you will need to have the court mail the disposition directly to the SC SLP/A Board. You will also need to have a Statewide Criminal Background check mailed in directly from the law enforcement agency in which the conviction occurred.

- 1. Have you ever been notified to appear or appeared before any professional or occupational licensing jurisdiction/agency for a hearing or complaint? **YES NO**
- 2. Have you ever had a license denied, suspended, revoked, disciplined or restricted by any professional or occupational licensing agency for any reason? **YES NO**
- 3. Have you ever resigned from employment or surrendered a professional or occupational license in lieu of disciplinary action? **YES NO**
- 4. Are you a habitual user of alcohol or any other drug to a degree which prohibits you from safely practicing as a Speech Pathologist or Audiologist? **YES NO**
- 5. Is your ability to practice speech pathology or audiology presently impaired by any disease, physical, mental or emotional condition? **YES NO**
- 6. Have you ever been convicted of or plead guilty or nolo contendere to a felony of any kind, or to a non-felony crime involving drugs, alcohol or moral turpitude? You do not need to disclose juvenile crimes or crimes that have been expunged or pardoned. **YES NO**

PRIVACY DISCLOSURE:

South Carolina Law requires that every individual who applies for an occupational or professional license provide a social security number for use in the establishment, enforcement and collection of child support obligations and for reporting to certain databanks established by law. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Social security numbers may also be disclosed to other governmental regulatory agencies and for identification purposes to testing providers and organizations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.

Other personal information collected by the Department for the licensing boards it administers is limited to such personal information as is necessary to fulfill a legitimate public purpose. The South Carolina Freedom of Information Act ensures that the public has a right to access appropriate records and information possessed by a government agency. Therefore, some personal information on the application may be subject to public scrutiny or release. The Department collects and disseminates personal information in compliance with The South Carolina Freedom of Information Act, the South Carolina Family Privacy Protection Act, and other applicable privacy laws and regulations. Additionally, the Department shares certain information on the application with other governmental agencies for various governmental purposes, including research and statistical services.

CERTIFYING STATEMENT:

I, _____, am the person described and identified and the person named in all documents presented in support of this application. I certify that I have never been convicted of violating any Federal, State, Municipal or other law statute or ordinance, other than as disclosed as required within this application.

I have carefully read the questions within this application and have answered them completely, without reservations of any kind, and I declare that all statements made by me herein are true and correct to the best of my knowledge and belief.

Should I furnish false, incomplete, or misleading information in this application, I hereby agree that such act shall constitute the cause for denial or revocation of my license in South Carolina.

Signature of Applicant

Print Name of Applicant

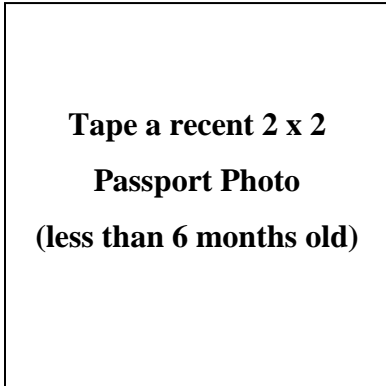
Subscribed and sworn to before me this _____ day
of _____ 20_____.

Notary Signature: _____

Print Name: _____

Notary for the State of: _____

My Commission expires: _____



(Notary Seal)



STATE OF SOUTH CAROLINA
DEPARTMENT OF LABOR, LICENSING AND REGULATION
VERIFICATION OF LAWFUL PRESENCE IN THE UNITED STATES
AFFIDAVIT OF ELIGIBILITY



Pursuant to Section 8-29-10, *et seq.* of the South Carolina Code of Laws (1976, as amended), the Department of Labor, Licensing and Regulation must verify that any person who applies for a South Carolina license is lawfully present in the United States. Complete and sign this affidavit of eligibility. The information provided is subject to verification.

Section A: LAWFUL PRESENCE in the United States.

The undersigned _____, of _____,
(Print clearly First, Middle, and Last name) (Home Address, City, State, and Zip Code)
 being first duly sworn deposes and states as follows:

Check only one box:

1. I am a United States citizen; or
2. I am a Legal Permanent Resident of the United States eighteen years of age or older; or
3. I am a Qualified Alien or non-immigrant under the Federal Immigration and Nationality Act, Public Law 82-414, eighteen years of age or older, and lawfully present in the United States.
4. Other: _____ Please submit any documentation that supports this status.

Date of Birth: _____

Alien Number: _____ I-94 Number: _____

(If you checked number 2, 3, or 4 you must attach a copy of your immigration documents. See instruction sheet for a list of accepted immigration documents.)

Section B: ATTESTATION.

I understand that in accordance with section 8-29-10 of the South Carolina Code of Laws, a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall, in addition to other sanctions imposed by this State or the United States, be guilty of a felony, and upon conviction must be fined and/or imprisoned for not more than 5 years (or both).

I understand that the representations made in this Affidavit shall apply through any license(s) or renewals issued, and that I shall have an affirmative duty to immediately advise the Department of Labor, Licensing and Regulation of any change of my immigration or citizenship status.

I swear and attest the information contained herein is true and correct to the best of my knowledge. I understand that under South Carolina law, providing false information is grounds for denial, suspension, or revocation of a license, certificate, registration or permit.

Signature of Affiant

SWORN to before me this _____ day of _____, 20____

Notary Signature

Print Name

Notary Public for _____

My Commission Expires: _____

INSTRUCTION SHEET FOR COMPLETING AFFIDAVIT OF ELIGIBILITY

CHECK box 1:

If you are a United States Citizen by birth or naturalization

CHECK box 2:

If you are a Legal Permanent Resident and you are not a U.S. Citizen, but are residing in the U.S. under legally recognized and lawfully recorded permanent residence as an immigrant.

PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

CHECK box 3:

If you are a Qualified Alien. You are a Qualified Alien if you are:

An alien who is lawfully admitted for residence under the INA.

An alien who is granted asylum under Section 208 of the INA.

A refugee who is admitted to the United States under Section 207 of the INA.

An alien who is paroled into the United States under Section 212(d)(5) of the INA for a period of at least 1 year.

An alien whose deportation is being withheld under Section 243(h) of the INA (as in effect prior to April 1, 1997) or whose removal has been withheld under Section 241(b)(3).

An alien who is granted conditional entry pursuant to Section 203(a)(7) of the INA as in effect prior to April 1, 1980.

An alien who is a Cuban/Haitian Entrant as defined by Section 501(e) of the Refugee Education Assistance Act of 1980.

An alien who has been battered or subjected to extreme cruelty, or whose child or parent has been battered or subject to extreme cruelty.

PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

ACCEPTED IMMIGRATION DOCUMENTS:

Unexpired Reentry Permit (I-327)

Permanent Resident Card or Alien Registration Receipt Card With Photograph (I-551)

Unexpired Refugee Travel Document (I-571)

Unexpired Employment Authorization Card Which Contains a Photograph (I-766)

Machine Readable Immigrant Visa (with Temporary I-551 Language)

Temporary I-551 Stamp (on passport or I-94)

I-94 (Arrival/Departure Record) in Unexpired Foreign Passport

I-20 (Certificate of Eligibility for Nonimmigrant, F-1, Student Status)

DS2019 (Certificate of Eligibility for Exchange Visitor, J-1, Status)



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**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: _____



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**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 Accepted 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)