



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

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



**INTERN UPGRADE REQUEST FORM
(FOR INTERNS WHO HAVE COMPLETED THEIR INTERNSHIP)**

Submit the following with your application to the above address:

- Check or Money Order in the amount of \$220 made payable to 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.
- All Completion of Internship forms. (If more than one.)

TYPE OF LICENSURE:

SPEECH LANGUAGE PATHOLOGY (SLP)

AUDIOLOGY (AUD)

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: _____

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

Mailing Address: _____
(If different than above)

County: _____ Date of Birth: _____ License # _____

Email address: _____ Telephone: (____) _____

INTERN UPGRADE CHECKLIST

1. Have you completed your internship?
2. Has your supervisor(s) completed the Report of Completed Internship form(s) with you?
3. Submit all Report of Completed Internship forms to the Board for review?
4. Request praxis scores be submitted directly to the Board from ETS

Applicant's Signature

Date