

**South Carolina Department of Labor, Licensing and Regulation
Board of Examiners in Speech-Language Pathology and Audiology**

INTERN PLAN AND AGREEMENT OF SUPERVISED PROFESSIONAL EMPLOYMENT

INTERN INFORMATION			License Requested: <input type="checkbox"/> SLP <input type="checkbox"/> Audiology			
Last Name	First Name	Middle Initial	<input type="checkbox"/> Ms.	<input type="checkbox"/> Miss	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Mr.
			<input type="checkbox"/> Ph.D.	<input type="checkbox"/> MD	<input type="checkbox"/> Au.D.	<input type="checkbox"/> Other
Residence Mailing Address		Residence City State Zip Code		Residence Telephone		

EMPLOYMENT INFORMATION		Information must be completed in its entirety (PO Box addresses are not accepted.)				
Company Name		Position Title		Setting	Start Date	End Date
(Site) Physical Location		City State Zip Code			Telephone	
Intern Supervisor	Title	Lic. #	Supervisor's Physical Location		Agreement Date	

INTERN PLAN	Indicate length of the planned professional experience with number of hours per week.
<p>PLEASE NOTE: In the event that part-time employment is used to fulfill a portion of the SPE, one hundred (100%) percent of the minimum hour requirements for part-time work must be spent in direct professional employment as defined below.</p> <p><input type="checkbox"/> Nine (9) months/36 weeks of full-time supervised professional employment of at least 30 hours per week</p> <p><input type="checkbox"/> Twelve (12) months/48 weeks of full-time supervised professional employment of at least 25-29 hours per week</p> <p><input type="checkbox"/> Fifteen (15) months/60 weeks of full-time supervised professional employment of at least 20-24 hours per week</p> <p><input type="checkbox"/> Eighteen (18) months/72 weeks of full-time supervised professional employment of at least 15-19 hours per week</p>	

INTERN SUPERVISION	Indicate supervisory activities
<p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> Alternate methods of supervision will be provided. In this situation, the internship must not be initiated until the board approves the plan of supervision.</p>	

It is the responsibility of the intern to notify the board office in writing if the supervisory relationship changes. A revised plan and supervisory agreement must be submitted to reflect any major change. I understand that a separate internship report must be submitted for each change in site, supervisor or hours per week. The supervisor should assume this responsibility if the intern does not.

INTERN	SUPERVISOR
I agree to follow this plan and to abide by the Speech-Language Pathology and Audiology Act.	
Signature _____	Signature _____
Date _____	Date _____