



**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

**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 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						

TOTAL HOURS						

Clinical Supervisor Signature: _____ ASHA Number: _____

Program Director Signature: _____ ASHA Number: _____

School Seal (Required)