



SPEECH-LANGUAGE PATHOLOGY ASSISTANT (SLPA) REQUIREMENTS AND INSTRUCTIONS FOR ELECTRONIC APPLICATION

EDUCATION

An applicant must have earned a bachelor's degree in Speech-Language Pathology from a regionally accredited institution that must include as a minimum core curriculum of 36 semester hours as set forth in SC Regulation 115-2(B). Official transcripts should be submitted directly to the Board from the issuing institution.

SUPERVISED CLINICAL EXPERIENCE

An applicant must have supervised clinical experience consisting of 100 hours of clinical fieldwork before a speech-language pathology assistant license can be issued by the Board. There are four ways to meet this requirement in accordance with SC Regulation 115-2(C):

1. Academic program

The 100 hours supervised clinical experience may be obtained as part of an academic program that is acceptable to the Board. You must have the educational institution submit directly to the Board an official transcript along with a completed [Summary of Clinical Clock Hours \(Academic Program\)](#) form.

2. On-the-job training/work program completed in another state

The 100 hours supervised clinical experience may be obtained through an on-the-job training/work program completed in another state in accordance with that state's law. You must have the appropriate state licensing authority verify with the Board that this requirement has been met, or have your former employer submit directly to the Board a completed [Summary of Clinical Clock Hours \(OJT/Work Program Completed in Another State\)](#) form.

3. ASHA Speech-Language Pathology Assistant Certification

The 100 hours supervised clinical experience may be obtained in conjunction with obtaining an ASHA Speech-Language Pathology Assistant Certification. You must have ASHA provide the Board with your ASHA Speech-Language Pathology Assistant Certification as proof that this requirement has been met.

4. Complete a Board-approved Supervised Clinical Experience

If you have not completed 100 hours supervised clinical experience in accordance with #1 or #2 above, you may apply to the Board to obtain the 100 hours under the supervision of a South Carolina licensed speech language pathologist ("SLP"). The 100 hours of supervised clinical fieldwork must be completed as part of this plan and cannot be combined with any other clinical clock hours that may have been obtained as part of an academic program or in compliance with the law of another state. The supervised clinical experience must be completed in four consecutive months from the date that the registration is issued indicating that the Board has approved the plan. If not completed within four months, the SCER must submit a new plan to be approved by the Board.

To apply for the Board-approved Supervised Clinical Experience, you must submit a completed [SCER Supervisor Agreement and SCER On-the-Job Training Plan Form](#) (These forms are not the same Supervisor Agreement and OJT Plan that is required for licensure as an SLPA.) These forms should be submitted along with the completed SLPA application. **Please note however that you are not authorized to begin the Supervised Clinical Experience until you receive approval from the Board.** Please see instruction for the "SCER Process" (Applicants that do not have the 100 clinical practice hours in accordance with SC Reg 115-2).

SUPERVISION FOR ASSISTANT LICENSE

- A Board approved **Supervisor Agreement** and **On-the-Job Training Plan ([SLPA Supervisor Agreement & On-the-Job-Training Form](#))** must be in place before a SLPA may begin working in direct contact with clients/patients.
- A SLPA may work part-time for more than one supervising speech-language pathologist if the board has approved the supervisor agreements and OJT Plans for each supervising speech-language pathologist.
- If you need to change or add a supervisor after you are approved for licensure, you must remit the supervisor agreement and OJT plan along with a \$25 fee. The supervisor agreement and OJT Plan along with the fee should be mailed to the SC SLP/A Board at the above address.

Upload the following with your application:

- Copy of your valid Driver's License, State Issued ID, Passport or Military ID
- Copy of your signed social security card
- Notarized Signature Affidavit with 2x2 Passport-type Photo
- [SLPA Supervisor Agreement & On-the-Job-Training Form](#) (required, attached)
- Notarized Verification of Lawful Presence (attached)

Have submitted directly from the issuing institution or entity to the SC SLP/A Board at the above address or via email:

- Official College Transcripts
- [Summary of Clinical Clock Hour \(Academic Program\)](#) Form with school seal, if applicable
- [Summary of OJT/Work Program Completed in Another State](#) Form, if applicable
- Out-of-State License Verification Form, if applicable
- ASHA Speech-Language Pathology Assistant Certification, if applicable



South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Examiners in
Speech-Language Pathology and Audiology
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 Phone: 803-896-4655 • Contact.Speech@llr.sc.gov • Fax: 803-896-4719
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NOTARIZED SIGNATURE / PASSPORT PHOTO AFFIDAVIT
THIS FORM IS FOR USE WITH ELECTRONIC APPLICATIONS ONLY

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 any 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.

Applicant's Signature: _____ Date: _____

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

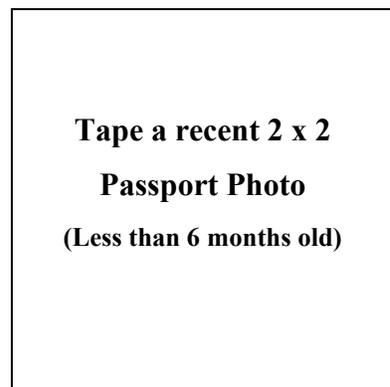
Notary Signature: _____

Print Notary Name: _____

Notary Public for the State of: _____

Commission Expiration Date: _____

{Seal}



Please note that any illegible documents will not be accepted. If your upload is found to be illegible you will be asked to mail in the supporting document.



**SUPERVISOR AGREEMENT AND PROJECTED ON-THE-JOB-TRAINING
 FOR SPEECH-LANGUAGE PATHOLOGY ASSISTANTS
 (Required Form)**

If submitting this form with an initial application, no additional fee is needed.

If submitting this form after licensure in order to add or change your supervisor, log into <https://eservice.llr.sc.gov/DocumentSubmission>, upload form, and pay the \$25 fee.

Application Type:

New Applicant (no fee needed) Add a Supervisor (\$25 fee) Change a Supervisor (\$25 Fee)

Employment Type:

Full-Time Position Part-Time Position

APPLICANT/ ASSISTANT INFORMATION

Name: _____ Phone: _____

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

SUPERVISOR INFORMATION

Name: _____ Title: _____

License Number (Required): _____ Phone: _____

Number of SLP Assistants Currently Supervising: **Full-Time:** _____ **Part-Time:** _____

If supervisory responsibility is shared, provide us with the name(s) and license numbers of the other supervisor(s).

Name: _____ License No.: _____ Name: _____ License No.: _____

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		

ON-THE-JOB TRAINING AND SUPERVISION:

Note: The activity plan must comply with [Regulation 115-\(2\)\(E\) and \(F\)](#)

Activity to be Performed by Assistant	How Activity will be Taught/Supervised
1. Conduct speech-language or hearing screenings	<ul style="list-style-type: none"> • Supervisor will model procedures/ techniques for appropriate speech language and/or hearing screenings. • Assistant will observe Supervisor and implement techniques learned. • Supervisor will review, monitor and give feedback related to skills.
2. Implements plan of care designed by the supervisor	<ul style="list-style-type: none"> • Supervisor and Assistant will meet to review and evaluate Plan of care for each client prior to start of services. • Assistant will provide direct implementation as supervisor observes and provides feedback during weekly meetings. • Co-treat and observe with clients to analyze progress as needed.
3. Records information relative to client performance	<ul style="list-style-type: none"> • Supervisor will provide examples of adequate documentation for Assistant to follow, monitor and observe weekly. • Assistant will complete session record to document client performance for every session. • Supervisor and Assistant will review and critique documentation for client performance and progress.
4. Maintain clinical records	<ul style="list-style-type: none"> • Supervisor will provide sample clinical records for Assistant and provide feedback for proper procedure to meet internal and external compliance. • Supervisor and Assistant will conduct periodic internal file audit. • Supervisor and Assistant will review and critique documentation for compliance on a regular scheduled basis.
5. Report changes in client performance to supervisor	<ul style="list-style-type: none"> • Supervisor and Assistant will conduct weekly conferences to discuss client changes in performance and progress. • Assistant will contact Supervisor immediately following any change/s in client status.
6. Prepare clinical materials	<ul style="list-style-type: none"> • Assistant will observe Supervisor and assist the Supervisor in choosing clinical materials. • Prepare materials as outlined in client’s plan of care. • Assistant will review with Supervisor specific materials to be used with each client.
7. Test equipment for performance	<ul style="list-style-type: none"> • Supervisor will provide appropriate in-service regarding all testing equipment. • Assistant will independently test equipment as Supervisor observes and provides feedback.



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)



**South Carolina Board of Examiners in
Speech-Language Pathology and Audiology**

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**Summary of Clinical Clock Hours (Academic Program)
Speech-Language Pathology Assistant**

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: _____

Total Clinical Practice Hours Completed **Excluding Observation Hours:** _____

Date of Academic Program Clinical Practicum Completion: _____

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)