



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

### **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 **Summary of Clinical Clock Hour** 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.
- 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 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 Exam before you can renew or upgrade your Intern license. A passing score 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> 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/](http://www.llr.sc.gov/POL/Speech/).

#### **Include with your application:**

- To transmit your application, submit the fee in the amount of \$100. 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.
- Upload a legible copy of your valid Driver's License, State Issued ID, Passport or Military ID
- Upload a legible copy of your signed social security card
- Upload the Notarized Signature/ Passport Photo Affidavit
- Upload the Signed Supervisory Agreement/Intern Plan Form(s) for SPE

#### **Have submitted directly to the Board office address above from the issuing agent:**

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



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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 \_\_\_\_\_

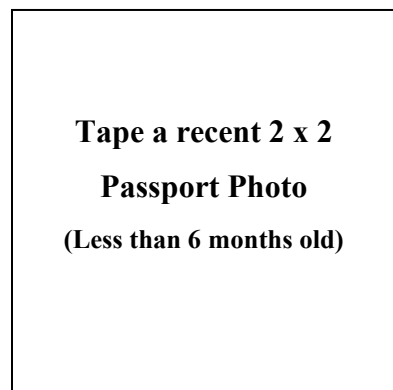
Notary Signature: \_\_\_\_\_

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.**



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 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)**