



**SUPERVISOR AGREEMENT AND ON-THE-JOB TRAINING PLAN FOR
 SUPERVISED CLINICAL EXPERIENCE REGISTRANT (SCER)**

SC Regulation 115-2 (C)(3)(c) allows an applicant for a speech-language pathology assistant license, who does not have a supervised clinical experience as defined in SC Regulation 115-2(A)(4), to apply to the Board to obtain the 100 clock hours of supervised clinical fieldwork under the supervision of a South Carolina licensed speech language pathologist (“SLP”). An applicant who seeks to complete a Board-approved plan to fulfill the 100 clinical clock hours under the supervision of a SC licensed SLP shall be referred to as a Supervised Clinical Experience Registrant (“SCER”). The South Carolina licensed SLP who agrees to provide the supervision shall be referred to as the Supervisor. Both the Supervisor and the SCER understand and acknowledge that the SCER is unlicensed and subject to the direct control and supervision of the Supervisor, who assumes and maintains ultimate responsibility for the welfare of every client with whom the SCER has contact.

A Board approved plan to fulfill the 100 clinical clock hours under the supervision of a South Carolina licensed speech-language pathologist is subject to the following:

- The plan to obtain the 100 clinical clock hours must be on this form signed by the SCER and the Supervisor
- The plan must be submitted with a completed application for a speech-language pathology assistant license that includes all required documentation.
- The plan must be approved by the Board before the SCER begins the clinical clock hours.
- Observation hours cannot be used to satisfy the required 100 clock hours of supervised clinical fieldwork.
- 100 clock 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.
- If the plan is not completed within the four (4) consecutive month period, the SCER must submit a new plan to be approved by the Board
- Each South Carolina licensed SLP providing supervision to a SCER must complete a separate plan to be approved by the Board
- Family members or individuals related to a SCER may not serve as clinical supervisors

SCER INFORMATION

Name: _____ Phone: _____

Last 5 digits of Social Security No.: _____

SUPERVISOR INFORMATION

Name: _____ Title: _____

License No. (Required): _____ Phone: _____

Number of licensees and SCERs, including this one, that you are currently supervising (not to exceed three supervisees): _____

Do you have a minimum of three years of work experience as a Speech Language Pathologist? Yes No

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

EMPLOYMENT INFORMATION

Company: _____ Phone: _____

Physical Location: _____
(No PO Boxes; include City, State, Zip Code)

Mailing Address (If different): _____
(Include City, State, Zip Code)

Practice Site Location 1 (Physical Address): _____
(No PO Boxes; include City, State, Zip Code)

Mailing Address: _____ City: _____ State: _____ Zip: _____
(If different than above)

Practice Site Location 2 (Physical Address): _____
(No PO Boxes; include City, State, Zip Code)

Mailing Address: _____ City: _____ State: _____ Zip: _____
(If different than above)

Proposed Start Date: _____

Current Practice Setting (Check one only):

- | | |
|---|--|
| <input type="checkbox"/> Academic Setting (Instructional, Research, etc.) | <input type="checkbox"/> Hospital: Rehab/Sub-Acute |
| <input type="checkbox"/> Assisted Living Facility/Res. Care | <input type="checkbox"/> Industry/Insurance organization |
| <input type="checkbox"/> Federal Clinic (FOHC, VA, MIL, NIH, IHS) | <input type="checkbox"/> School/College Health Service |
| <input type="checkbox"/> Group/Agency: Assigned Hospital | <input type="checkbox"/> Nursing Home/Other Inst. |
| <input type="checkbox"/> Group/Agency: Assigned Multi. Settings | <input type="checkbox"/> Physician/Medical Office |
| <input type="checkbox"/> Group/Agency: Assigned Nursing Home | <input type="checkbox"/> Private Office |
| <input type="checkbox"/> Home Health Care | <input type="checkbox"/> Policy/Planning/Reg/Licensing Agency/Advocacy |
| <input type="checkbox"/> Hospital: Inpatient | <input type="checkbox"/> Specialty/Rehabilitation Clinic |
| <input type="checkbox"/> Hospital: Outpatient | <input type="checkbox"/> Other: _____ |

ATTESTATION

Supervised Clinical Experience Registrant

I affirm that I have reviewed Regulation 115-2 (C) with the Supervisor, which allows me to complete within a 4-month period a Board-approved plan to fulfill the 100 clinical clock hours under the supervision of a South Carolina licensed SLP. **If my supervision relationship with Supervisor changes or ends, I understand that I must immediately notify the Board in writing and immediately cease from undertaking any further clinical fieldwork until a new Plan with another proposed supervisor is submitted and approved by the Board.**

Supervised Clinical Experience Registrant’s Signature

Date

Subscribed and sworn to before me this _____ day
of _____, 20____ .

(Notary Seal)

Notary Signature: _____

Print Name: _____

Notary for the State of: _____

My Commission expires: _____

Speech-Language Pathology Supervisor

I affirm that I have reviewed Regulation 115-2(C) with the above-mentioned SCER. I fully understand my responsibilities to the SCER and to the Board of Examiners in Speech-Language Pathology and Audiology as a supervisor of the SCER in obtaining the 100 clinical clock hours.

If the plan is not completed within the four (4) consecutive month period, the SCER must submit a new plan to be approved by the Board. Family members or individuals related to the SCER may not serve as clinical supervisors.

I understand that I am responsible for the services provided to the client that may be performed by the above mentioned SCER and I must ensure that all services are in compliance with the SC Practice Act and Regulations. I understand that the SCER is not yet licensed and is subject to my direct control and supervision. **If the supervision relationship changes or ends, I understand that I must immediately notify the Board in writing.**

Supervisor’s Signature

Date

Subscribed and sworn to before me this _____ day
of _____, 20____ .

(Notary Seal)

Notary Signature: _____

Print Name: _____

Notary for the State of: _____

My Commission expires: _____



South Carolina Department of Labor, Licensing and Regulation
**South Carolina Board of Examiners in
 Speech-Language Pathology and Audiology**
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 P.O. Box 11329 • Columbia • SC 29211-1329
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 llr.sc.gov/aud

**SUMMARY OF CLINICAL CLOCK HOURS
 SUPERVISED CLINICAL EXPERIENCE REGISTRANT**

This document should be completed by the Supervisor and mailed or emailed directly to the SC SLP/A Board at the above address. Supporting documentation may be sent to the Board; however it must be submitted with this completed form. The 100 clock hours of supervised clinical fieldwork must be completed as part of this clinical experience 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 clinical clock hours must be completed under direct, in person supervision and include the following:

- (1) a minimum of twenty-five hours in language
- (2) a minimum of twenty-five hours in speech
- (3) a minimum of three hours in hearing screening
- (4) a minimum of three hours in speech screening

Supervised Clinical Experience Registrant Name: _____ Date: _____

Supervised Clinical Experience Registrant No.: _____

Supervisor Name: _____ License No.: _____

Clinical Clock Hours Completed Under Board-Approved Plan (Excluding Observation Hours): _____

Date Clinical Practicum Started: _____ Date of Completion: _____

TREATMENT

Speech – Minimum 25 Hours Language – Minimum 25 Hours Hearing Screening – Minimum 3 Hours Speech Screening – Minimum 3 Hours	1st Month	2nd Month	3rd Month	4th Month	Area Total Hours
Speech – Child					
Speech – Adult					
Language – Child					
Language – Adult					
Hearing Screening					
Speech Screening					
TOTAL HOURS					

Total Hours Completed: _____

REGISTRANT’S STATEMENT AND ACKNOWLEDGMENT

- I have read and discussed this report with my supervisor.
- I checked and found that my supervisor held an unrestricted, active license during my clinical experience.
- I understand that a separate report must be submitted for each change in supervisor and that a separate Supervisor Agreement and OJT Plan must exist for each supervisor.
- I assume all responsibility if it is later determined that these statements are not true and assume all responsibility for an invalid clinical experience.

Registrant’s Signature

Date

SUPERVISOR’S STATEMENT AND ACKNOWLEDGMENT

I certify that my license was current throughout this supervised clinical practicum and the Board approved the appropriate forms before I allowed this registrant start clinical fieldwork.

1. As the registrant’s supervisor, do you recommend that the clinical practicum reported for this registrant be approved by the Board towards meeting the requirements for a speech language pathology assistant license? Yes No

If No, please attach a detailed explanation.

Clinical Supervisor’s Printed Name

Clinical Supervisor’s License No.

Clinical Supervisor’s Signature

Date

