



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  
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 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)**