



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 (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)