



South Carolina Department of Labor, Licensing and Regulation

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

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llr.sc.gov/aud

**Summary of Clinical Clock Hours  
(OJT/Work Program Completed in Another State)  
Speech-Language Pathology Assistant**

This document should be completed by the OJT Supervisor and 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.

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Name and License#: \_\_\_\_\_

Observation Hours Completed: \_\_\_\_\_

Total Clinical Practice Hours Completed **Excluding Observation Hours**: \_\_\_\_\_

Date Practicum Begin: \_\_\_\_\_ Date of Practicum Completion: \_\_\_\_\_

**TREATMENT**

Month	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th
Speech-Child												
Speech-Adult												
Language-Child												
Language Adult												
Related Disorders												

<b>AUDIOLOGY</b>												
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<b>TOTAL HOURS</b>												
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Applicant's Signature: \_\_\_\_\_

Date Signed \_\_\_\_\_

Supervisors Signature: \_\_\_\_\_

ASHA Number: \_\_\_\_\_

Date Signed \_\_\_\_\_