APPLICATION PROCESS A to Z

IT’S REALLY NOT THAT DIFFICULT
Board of Examiners For Speech-Language Pathologists & Audiologists

BOARD MEMBERS:

All appointed by the Governor

- 2 Speech-Language Pathologists: David Blalock, Speech-Language Pathologist
  Allison Harrington, Speech-Language Pathologist, Chair

- 2 Audiologists: Carey Pahel, Au.D
  Adam Mehlenbacher, Au.D

- 2 Public Members: Joseph Abernathy, III
  Emily Page

- 1 Physician: Eileen Raynor, M.D.

BOARD OFFICE – Greensboro
  Administrator – Denise Sherwood (336) 272-1828
  Assistant Administrator – Courtney Knight
  Administrative Assistant – Kate Young

ATTORNEY FOR THE BOARD – Nahale Freeland Kalfas – Durham

BOARD FUNCTION

- Uphold the Statute, not individual opinions of the Board members.
- Protect the public by regulation of the professional.
- Develop policy regarding specific practice activity.
- Maintain records of Licensees
ISSUES CONFUSING TO NEW GRADUATES
License vs. Certificates: What’s the difference and who cares?

(A) ASHA CCC (Certificate of Clinical Competence)

- Not required to practice Speech-Language Pathology or Audiology in North Carolina
- **IS NOT A LICENSE** therefore does not have legal status

(B) N.C. Board of Examiner’s License

- Is required by the State of N.C. in order to practice
- Only exemptions are Federal employees (VA)
- Effective July, 2011, the Board of Examiners’ license became the credential required for employment in the public schools in North Carolina.
The Board of Examiners regulates SLP-Assistants

- Must be registered under SLP’s License
- Works directly under supervision of a licensed SLP
- Supervising SLP must hold a license issued by the N.C. Board of Examiners
- Supervising SLP must be full time employee of agency
- Maximum number of SLP-Assistant’s registered under an individual license is TWO (2)

THE LICENSED SLP IS TOTALLY RESPONSIBLE FOR EVERYTHING YOUR SLP-ASSISTANT DOES !!!

ETHICS

YOU WORK HARD TO ACQUIRE A LICENSE—PROTECT IT !!

The number 1 complaint received by the Board - Fraud
Never perform services for which you are not appropriately trained
Never allow those you supervise to perform services for which they are not appropriately trained to perform
Never bill/charge for treatment not rendered
Never continue treatment that is not beneficial (i.e. no progress)

BE ABSOLUTELY SURE TO RENEW YOUR LICENSE EVERY YEAR!!!
THE FIRST AND MOST IMPORTANT RULE!!!

READ THE INSTRUCTIONS
PAPERWORK REQUIRED TO APPLY FOR A TEMPORARY LICENSE

1. COMPLETED APPLICATION FORM WITH SIGNATURE OF PROGRAM DIRECTOR

2. OFFICIAL TRANSCRIPTS (for every course you list on the application)

3. FEES:
   - $30.00 APPLICATION FEE
   - $40.00 TEMPORARY LICENSE FEE

Send only checks or money orders made payable to the Board of Examiners for SLPA. New licenses and license renewal receipts will not be issued until the remitted checks have cleared the bank. The only exceptions will be those fees that are paid with money orders or certified checks. If you use the Paypal at the website, be sure and note that on your application.

4. OFFICIAL VERIFICATION OF PASSING SCORE ON THE PRAXIS EXAM (600)

5. A VERIFIED CLINICAL CLOCK HOUR SUMMARY SHEET SIGNED BY EITHER THE CLINIC DIRECTOR OR THE PROGRAM DIRECTOR.

6. COMPLETE AND RETURN THE OPEN-BOOK EXAMINATION

7. SUBMIT THE SUPERVISED EXPERIENCE YEAR PLAN
READ THE INSTRUCTIONS ON EACH OF THE DOCUMENTS BEFORE COMPLETING THEM.

You should be aware of the following:

The most common reason for delay in the consideration of an application is error in completing the application accurately, providing the required information, and following the instructions. Error can be avoided if you proceed in the application process carefully, thoroughly, and accurately. **IMPROPERLY COMPLETED APPLICATIONS WILL BE RETURNED.** If you have questions or need assistance, call the Board of Examiners at the above listed number.

- Permanent licenses are issued ONLY to those individuals who hold a valid license from another state that is determined to be equivalent to that of N.C. (see instruction #4 on application) or to those individuals who have successfully completed requirements under temporary licenses.

- Temporary licenses are not renewable. Therefore, the supervised experience year report must be provided to the Board office within twenty (20) days following the completion of your SEY. **If the SEY Report has not been received by the Board in this time period, you will be issued a cease and desist order requiring that you stop providing services immediately.**
a. You may complete the application for Board review of academic and clinical practicum requirements prior to having secured employment. **However, you cannot begin any professional services until the Board has received and APPROVED your SEY plan.**

b. If applying for a temporary license:

- You have six months to obtain employment and submit the plan before your file becomes inactive. If your file becomes inactive, you must submit a new application.

- **Full-time employment is defined as a minimum of thirty (30) hours per week. Part-time employment of less than twenty (20) hours per week is not sufficient for a temporary license.**

- SEY plans can be approved by the Board’s office and do not have to be reviewed at Board meetings. If the plan is faxed to the office, the original copy must be in the Board’s office within ten days of the fax.

- **BE SURE THAT YOU MEET AND REVIEW THE SEY PLAN WITH THE INDIVIDUAL WHO WILL BE YOUR SUPERVISOR BEFORE YOU SIGN IT!**
APPLICATION FOR TEMPORARY Licensure IN SPEECH & LANGUAGE PATHOLOGY
INSTRUCTIONS TO APPLICANTS

NOTE TO APPLICANTS: The most common reason for delay in the consideration of an application is error in completing the application accurately, providing the required information, and not following the instructions. Error can be avoided if you proceed in the application process carefully, thoroughly, and accurately. IMPROPERLY COMPLETED APPLICATIONS WILL BE RETURNED. If you have questions or need assistance, call the Board of Examiners at the above listed number.

1. Persons seeking temporary license in speech and language pathology must complete all Sections of the application and have the application signed by their Program Director. They must also provide:

   a. Official (not student copy) transcripts verifying all coursework listed on the application form. Course titles on the transcript which do not indicate the course content must be clarified by providing a copy of the university catalogue description of the courses (e.g., Seminar in Speech and Language Pathology, Advanced Speech and Language Pathology, etc.). Notations of clinical supervisors in Section III must include FIRST NAME, LAST NAME, AND N.C. LICENSE NUMBER OR ASHA IDENTIFICATION NUMBER of all supervisors.

   b. Applicants for a temporary license (Section 90-298) must submit a plan for supervision during the supervised experience year (Section 90-295(d)) on the form supplied by the Board. This plan does not need to be submitted at the time the application is submitted for review of the academic and clinical practicum work. However, the plan must be approved by the Board before the applicant can be granted a temporary license and before the applicant can begin any practice. The applicant has six months to obtain employment and submit a plan for supervision, after which your application becomes inactive. If your file becomes inactive, you must submit a new application. SEY plans can be approved by the Board’s office and do not have to be reviewed at Board meetings. If the plan is faxed to the office, the original copy must be in the Board’s office within ten days of the fax.

   c. Examination: Applicants must contact ETS and request that their Praxis score be made available on-line to the N.C. Board of Examiners, the Board’s reporting code is 7757. A passing score is required before the application can be reviewed. The passing score for speech-language pathology applicants is 162. The passing score

   d. Applicants must submit a verified clinical clock hour sheet, signed by the clinic or program director.

   e. Applicants must submit the Speech-Language Pathology Quiz with their application.

2. All applications must be accompanied by an application fee of $30.00 and temporary license fee of $40.00. Send only checks or money orders made payable to the Board of Examiners for SLPA. New licenses and license renewal receipts will not be issued until the remitted checks have cleared the bank. The only exceptions will be those fees that are paid with money orders or certified checks.

FEES:

APPLICATION FEE..............................................$30.00
TEMPORARY LICENSE FEE (SEY)..............................$40.00
PERMANENT LICENSE FEE..................................$60.00
ANNUAL RENEWAL LICENSE FEE..........................$60.00
DELINQUENCY PENALTY FEE.................................$25.00
DUPLICATE LICENCE.............................................$10.00
SERVICE CHARGE FOR RETURNED CHECKS............$25.00
VERIFICATION OF N.C. LICENSE TO OTHER STATES.....$15.00

RETURNED CHECKS ARE SUBJECT TO A $25.00 SERVICE CHARGE.

(APPLICATION FORM BEGINS ON NEXT PAGE)
STATE OF NORTH CAROLINA
BOARD OF EXAMINERS FOR SPEECH AND LANGUAGE PATHOLOGISTS AND
AUDIOLISTS

Application for Temporary License in SPEECH AND LANGUAGE PATHOLOGY

Each question must be answered. Please type or print clearly in ink.

SECTION 1

Ms. 
Mr. 
NAME: Dr. 

(First) (Middle or Maiden) (Last)

PREFERRED MAILING ADDRESS: ____________________________________________

(City) (State) (ZIP Code)

TELEPHONE: Home ( ) Business: ____________________________

EMPLOYER: __________________________________________________________

Work Site Address: ____________________________

SOCIAL SECURITY NUMBER: ____________________________ Date of Birth: __________

Please list other languages in which you are fluent: ____________________________

PRAXIS EXAMINATION SCORE: ____________________________ (Official copy must be submitted with the application form)

EDUCATION

College or University Major Degree Date

__________________________________________

Have you ever had a disciplinary inquiry or action taken against you? ________If so, please attach an explanation.

I have read Article 22 - Licensure Act for Speech and Language Pathologists and Audiologists and agree to abide by the Code of Ethics as outlined in Section .0300. Further, I certify that all information provided in this application is correct.

Applicant’s Signature ____________________________ Date ________

IT IS BOARD POLICY NOT TO GIVE VERBAL INFORMATION CONCERNING BOARD ACTIONS ON APPLICATIONS IN ADVANCE OF WRITTEN NOTICE.

STATE OF NORTH CAROLINA
BOARD OF EXAMINERS FOR SPEECH AND LANGUAGE PATHOLOGISTS AND
AUDIOLISTS

Application for Temporary License in AUDIOLOGY

Each question must be answered. Please type or print clearly in ink.

SECTION 1

Ms. Mr. NAME: Dr. 

(First) (Middle or Maiden) (Last)

PREFERRED MAILING ADDRESS: ____________________________________________

(City) (State) (ZIP Code)

TELEPHONE: Home ( ) Business: ____________________________

EMPLOYER: __________________________________________________________

Email Address: ____________________________

SOCIAL SECURITY NUMBER: ____________________________ Date of Birthday: __________

Please list other languages in which you are fluent: ____________________________

PRAXIS EXAMINATION SCORE: ____________________________ (Official copy must be submitted with the application form)

EDUCATION

College or University Major Degree Date

__________________________________________

Have you ever had a disciplinary inquiry or action taken against you? ________If so, please attach an explanation.

I have read Article 22 - Licensure Act for Speech and Language Pathologists and Audiologists and agree to abide by the Code of Ethics as outlined in Section .0300. Further, I certify that all information provided in this application is correct.

Applicant’s Signature ____________________________ Date ________

IT IS BOARD POLICY NOT TO GIVE VERBAL INFORMATION CONCERNING BOARD ACTIONS ON APPLICATIONS IN ADVANCE OF WRITTEN NOTICE.
SECTION II – ACADEMIC COURSEWORK

A. BASIC COMMUNICATION PROCESSES

Courses providing FUNDAMENTAL information applicable to NORMAL development and use of speech, hearing, and language. A minimum of fifteen (15) semester hours is required and must include course work in each of the three areas noted below.

<table>
<thead>
<tr>
<th>Anatomic &amp; Physiologic Bases (min. = 3 s.h.)</th>
<th>Course Title</th>
<th>Check If Graduate</th>
<th>Semester Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anatomy of the Speech/Hearing Mechanisms</td>
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</table>

<table>
<thead>
<tr>
<th>Communication Sciences (min. = 3 s.h.)</th>
<th>Course Title</th>
<th>Check If Graduate</th>
<th>Semester Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speech/Hearing Science</td>
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<thead>
<tr>
<th>Linguistic &amp; Psycholinguistic Variables (min. = 3 s.h.)</th>
<th>Course Title</th>
<th>Check If Graduate</th>
<th>Semester Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phonetics</td>
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<tr>
<td>Language Development</td>
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</tbody>
</table>

*Sample Courses

TOTAL SEMESTER HOURS (15 Semester Hour Minimum) 2

1/2014

CONVERSION CHART

1 quarter hour = 2/3 semester hour
2 quarter hours = 1 1/3 semester hours
3 quarter hours = 2 semester hours
4 quarter hours = 2 2/3 semester hours
**B. PROFESSIONAL COURSE WORK**

If you are applying for a license in SPEECH-LANGUAGE PATHOLOGY, at least 30 of the minimum required total of 36 semester hours is required in the major areas of speech disorders and language disorders. This must include at least a minimum of six hours in speech disorders and a minimum of six hours in language disorders. A maximum of six academic semester credit hours associated with clinical practicum may be counted toward the 36 hour requirement. An abstract of the thesis must be submitted if credit is requested. In addition, six of the 36 semester hours of professional coursework must be in audiology with at least three hours in auditory pathology and at least three hours in habilitation/rehabilitation.

### B. SPEECH-LANGUAGE PATHOLOGY COURSEWORK:

<table>
<thead>
<tr>
<th>College/University</th>
<th>Course Number</th>
<th>Course Title</th>
<th>Check if Graduate Level Course</th>
<th>Semester Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speech Disorders</td>
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<tr>
<td>(min. = 6 s.h. for license in SLP)</td>
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</tbody>
</table>

| Language Disorders |               |              |                               |                |
| (min. = 6 s.h. for license in SLP) |               |              |                               |                |

| Clinical Practicum |               |              |                               |                |
| (max. 6 s.h.) |               |              |                               |                |

**TOTAL SEMESTER HOURS**

(36 Semester Hour Minimum)  
4  
10/15

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**AUDIOLGY COURSEWORK**

<table>
<thead>
<tr>
<th>College/University</th>
<th>Course Number</th>
<th>Course Title</th>
<th>Check if Graduate Level Course</th>
<th>Semester Hours</th>
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</thead>
<tbody>
<tr>
<td>Audiology</td>
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<tr>
<td>Hearing Disorders</td>
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<thead>
<tr>
<th>Auditory Pathology (min. = 6 s.h. for license in Audiology)</th>
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<tr>
<th>Habilitation/Rehabilitation (max. 6 s.h. for license in Audiology)</th>
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| Aural Rehabilitation |               |              |                               |                |
| Vestibular Rehabilitation |               |              |                               |                |
| Sign Language        |               |              |                               |                |

**TOTAL SEMESTER HOURS**

(36 Semester Hour Minimum)  
_  
10/15

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**DO NOT LIST MORE THAN SIX HOURS OF CLINICAL PRACTICUM**
### C. AUDIOLOGY COURSEWORK:

<table>
<thead>
<tr>
<th>College/University</th>
<th>Course Number</th>
<th>Course Title</th>
<th>Course Completion Date</th>
<th>Check if Graduate Level Course</th>
<th>Semester Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Audiology</td>
<td></td>
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<td></td>
<td></td>
<td>Aural Rehabiliation</td>
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**TOTAL SEMESTER HOURS**

(6 Semester Hour Minimum)

### D. RELATED AREAS

Courses providing information RELATED to the management of speech, language and hearing disorders. (i.e. Exceptional Children, Child Behavior Management, Advanced Psychology Courses)

<table>
<thead>
<tr>
<th>College/University</th>
<th>Number</th>
<th>Course Title</th>
<th>Course Completion Date</th>
<th>Check if Graduate Level Course</th>
<th>Semester Hours</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Psychology</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td>Research Methods</td>
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### SUMMARY OF ACADEMIC COURSEWORK SEMESTER HOUR TOTALS

A. Basic Communication Processes Semester Hour Total (page 2) ........................................... (minimum 15 s.h.)

B. Professional Areas:
   - Speech and Language Pathology Semester Hour Total (page 3) ........................................... (minimum 30 s.h.)

   Audiology Semester Hour Total (page 4) ......................................................................................... (minimum 6 s.h.)

C. Related Area Semester Hour Total (page 4): .................................................................

**OVERALL SEMESTER HOUR TOTAL** (Total of A, B, and C above) ........................................... (minimum 75 s.h.)
### SECTION III – SPEECH-LANGUAGE PATHOLOGY CLINICAL PRACTICUM

Speech-Language Pathology applicants must have completed a minimum of 400 clinical clock hours before applying for a temporary license. 325 of those hours must have been at the graduate level. These hours **MUST HAVE BEEN SUPERVISED BY N.C. LICENSED OR ASHA CERTIFIED SPEECH-LANGUAGE PATHOLOGISTS**

<table>
<thead>
<tr>
<th>EVALUATION</th>
<th>CHILDREN</th>
<th>ADULTS</th>
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<tbody>
<tr>
<td>Speech Disorders</td>
<td>(minimum 20 hrs)</td>
<td>(minimum 20 hrs)</td>
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<tr>
<td>Language Disorders</td>
<td>(minimum 20 hrs)</td>
<td>(minimum 20 hrs)</td>
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**Total Evaluation Hours**

**Supervision of Evaluation Hours**

<table>
<thead>
<tr>
<th>Supervisor</th>
<th>N.C. License or ASHA Account#</th>
<th>Site</th>
<th>Adult or Child</th>
<th># of Hours</th>
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### SECTION III – ACADEMIC AU迪LOGY CLINICAL PRACTICUM

Audiology applicants must have completed a minimum of 350 supervised patient hours before applying for a temporary license for the fourth year internship. Each applicant must submit a verified clinical clock hour sheet, signed by the clinic or program director in addition to completion of this application form. Applicant must remain a full-time student and change in status must be reported to the Board of Examiners. These hours **MUST HAVE BEEN SUPERVISED BY N.C. LICENSED OR ASHA CERTIFIED AU迪LOGY’S**

**Evaluation:**

<table>
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<tr>
<th>Total Hours Pediatric Evaluation:</th>
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<tr>
<td><strong>Minimum 100 hours</strong></td>
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<table>
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<th>Total Hours Adult Evaluation:</th>
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<tr>
<td><strong>Minimum 130 hours</strong></td>
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**Supervision of Evaluation Hours**

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<tr>
<th>Supervisor</th>
<th>N.C. License or ASHA Account#</th>
<th>Site</th>
<th>Adult or Child</th>
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**Treatment:**

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<th>Total Hours Amplification:</th>
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<td><strong>Minimum 80 Hours</strong></td>
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<th>Total Hours Aural Rehabilitation:</th>
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<tr>
<td><strong>Minimum 25 Hours</strong></td>
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**Supervision of Treatment Hours**

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<tr>
<th>Supervisor</th>
<th>N.C. License or ASHA Account#</th>
<th>Site</th>
<th>Adult or Child</th>
<th># of Hours</th>
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**TOTAL HOURS** (minimum 400 hrs)

**TOTAL HOURS AT GRADUATE LEVEL** (minimum 325 hrs)

**TOTAL OBSERVATION HOURS:**

**TOTAL GRADUATE LEVEL:**

**TOTAL HOURS** (Minimum 350 Hrs)
PROGRAM DIRECTOR'S RECOMMENDATION:

This applicant's master's/doctoral degree will be/was officially conferred by this institution on ________.

(Circle one)

This student has passed the comprehensive examination:  Yes _________  No ___________

As the Director of the program in which this applicant received the major portion of his/her professional training, I recommend that a license be granted if and when all requirements are met by the applicant.

Comment:

Signature of Program Director: __________________________________________________________

Printed Name: __________________________________________________________

Title: __________________________________________________________

Institution: __________________________________________________________

Address: __________________________________________________________

Mail the completed application to:  N. C. Board of Examiners for SLP & AUD
PO Box 16885
Greensboro, NC  27416-0885
**Licensure Application Checklist**

**Applicants Applying for Reciprocity with License in Another State:**

These applicants must provide:

- One-page application form
- Official transcript showing that master’s degree has been conferred
- Have the state licensing board in the State where they hold a current license send the N.C. licensing board a letter verifying that license is current and in good standing.
- Provide either the SLP Quiz or Audiology Quiz
- Remit $30.00 application fee & $60.00 permanent license fee.

Once all these documents are received and the check has cleared the bank, I will issue the license.

Licensees are required to complete thirty CEU hours every three years beginning the date the permanent license is issued. If you wish, you may ask to have your Board CEU date coincide with your ASHA CEU date.

The license must be renewed annually on the anniversary date that it was issued.

**Applicants Applying for a Temporary License (New Graduates):**

These applicants must provide:

- Application form for temporary license – the application must be signed by the University Training Program Director verifying that the applicant has passed the comprehensive exam and recommending the applicant for a license.

- An official undergraduate and graduate transcript

I will review the application information, compare that information to the official transcript, and verify that all the coursework and clinical practicum hours have been successfully completed

- A copy of their clinical practicum summary signed by the clinic director

- Official verification of passing score on the Praxis Exam (600 is passing score for speech-language pathologists and 170 is the passing score for audiologists).

- Either the SLP Quiz or Audiology Quiz

- A supervised experience year plan (similar to CFY plan) signed by the applicant and the supervisor. The supervisor must hold a current N.C. license. The Board requires that the applicant’s work with patients be directly supervised for a minimum of four hours per month for those working fulltime (30 hours or more per week); or two hours per month for those working between twenty and thirty hours per week for a period of eighteen months. The applicant must be employed a minimum of twenty hours per week to hold a valid license. The supervisor of the must be within fifty miles of the temporary licensee at all time when services are being provided.

The Board reviews the applications for temporary licenses before they are issued. The Board typically meets once a month. Once approved by the Board, I issue the temporary license.

Upon completion of the period of supervised experience (SEY), the applicant provides the Board with a Supervised Experience Year Report that lists the dates and number of hours of direct supervision completed. This form is signed by the applicant and the supervisor. The supervisor indicates whether he/she recommends that this applicant be approved for a permanent license.

If the applicant received the required amount of supervision and is recommended by the supervisor, then upon receipt of the $60.00 permanent license fee, the permanent license is issued.

The license must be renewed annually on the anniversary date that it was issued.

Licensees are required to complete thirty CEU hours every three years beginning the date the permanent license is issued.
NOTICE TO APPLICANTS FOR TEMPORARY LICENSE

The Board of Examiners for Speech and Language Pathologists and Audiologists has determined that supervised experience which will meet the Board’s approval for a permanent license must be characterized by at least seventy percent (70%) of work time devoted to clinical activities (e.g. planning for direct patient services, analysis of data obtained in diagnostic and/or therapeutic services, analysis of data obtained in diagnostic and/or therapeutic contacts, reporting and/or counseling with patients and their families or other professionals). Not to be included in meeting the 70% requirement are journal groups, administrative activities, staff meetings, inservice training, public relations, or travel.

IT IS THE RESPONSIBILITY OF THE APPLICANT OR TEMPORARY LICENSEE TO NOTIFY THEIR IMMEDIATE SUPERIOR AND EMPLOYER, IF DIFFERENT, OF THIS REQUIREMENT. IF THERE IS TO BE ANY CHANGE OF ANY KIND ON THE SUPERVISED EXPERIENCE YEAR PLAN THAT WAS APPROVED, A NEW SEY PLAN MUST BE PROVIDED TO THE BOARD BEFORE THE CHANGE IS MADE.
STATE OF NORTH CAROLINA
BOARD OF EXAMINERS FOR SPEECH & LANGUAGE PATHOLOGISTS & AUDIOLOGISTS
PO BOX 16885, GREENSBORO, NC 27416-0885. www.ncboesipa.org

SUPERVISED EXPERIENCE YEAR PLAN

License Application Area: _______Speech-Language Pathology _____Audiology

I. IDENTIFICATION:

A. NAME:______________________________________
   (Type or Print)

B. HOME ADDRESS:
   __________________________________________
   __________________________________________

C. BUSINESS ADDRESS (Employer)
   __________________________________________
   __________________________________________
   Telephone:________________ Telephone:________

C. Preferred Mailing Address: _____ Home _____ Business

II. SUPERVISED EXPERIENCE SETTING:

A. Exact name/address of places of supervised experience (Work Sites):
   __________________________________________
   __________________________________________

B. Beginning Date of Employment: ____________

III. SUPERVISOR

A. Name of supervisor: __________________________ N.C. License #:________

B. Supervisor's place of employment and address:
   __________________________________________
   __________________________________________
   ________________________ ______________________
   ________________________ ______________________
   ________________________ ______________________

COMPLETE & SIGN FORM ON BACK

Telephone:_________________

BOARD USE ONLY

Application Approved: ________ Employment: _____Full-time _____Part-time

Beginning Date of SEY: ____________ Anticipated Completion Date: _________
IV. CLINICAL AND SUPERVISORY RESPONSIBILITIES:
The Board shall interpret Section 90-295(4) to mean the supervision which will be satisfactory to the Board must include **four hours per month of direct, on-site observation of the applicant's direct work with patients**, in addition to "other" methods of supervision (e.g. video/audio tape recording review, records review, staff meetings, telephone conferences/correspondence, etc.). **THE APPLICANT MUST BE EMPLOYED A MINIMUM OF TWENTY HOURS PER WEEK TO MAINTAIN AN ACTIVE LICENSE.**

<table>
<thead>
<tr>
<th>Hours per week to be spent by applicant in:</th>
<th>Planned hours/month of direct on-site supervision/area:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assessment, diagnosis and/or evaluations</td>
<td>___________________________________________________</td>
</tr>
<tr>
<td>2. Screening</td>
<td>___________________________________________________</td>
</tr>
<tr>
<td>3. Habilitation/rehabilitation/therapy/counseling</td>
<td>___________________________________________________</td>
</tr>
<tr>
<td>4. Staff meetings</td>
<td>XXXXXXXXXXXXXXX</td>
</tr>
<tr>
<td>5. Record keeping</td>
<td>XXXXXXXXXXXXXXX</td>
</tr>
<tr>
<td>6. Other (specify)</td>
<td>XXXXXXXXXXXXXXX</td>
</tr>
</tbody>
</table>

**TOTAL:** ______________________

Number of "other" types of planned supervision activities per month: ______________________

V. TO BE COMPLETED BY THE APPLICANT:
I have met with and discussed this plan with my SEY supervisor. Furthermore, I checked and found that my supervisor holds a valid N.C. license in the area in which I seek licensure. If it is determined at a later date that this statement is not true, I and not the Board, assume full responsibility for a invalid SEY.

SIGNATURE OF APPLICANT ______________________ Date ____________

VI. TO BE COMPLETED BY THE SUPERVISOR:
I have met with and discussed this plan with the applicant and accept responsibility for its implementation. Furthermore, I certify that my license will be current throughout this SEY and I will fulfill this responsibility even if I am unable to recommend the applicant at the end of the SEY experience.

SIGNATURE OF SUPERVISOR ______________________ Date ____________

**NOTICE**

Any change in the above plan OR supervisor must be reported to the Board PRIOR to implementing the change or continuing the practice.

The Board of Examiners has a policy requiring that a supervisor be within approximately fifty miles of the temporary licensure who is under his/her supervision. If there are extenuating circumstances, you may contact the Board's office and request that your particular employment situation be reconsidered.
V. APPLICANT'S STATEMENT:

I have read and discussed this report with my SEY supervisor and certify that this SEY or SEY portion report is accurate and complete.

Comments:

SIGNATURE OF APPLICANT: ___________________________ DATE: ______

VI. SUPERVISOR'S STATEMENT:

As the SEY supervisor, do you recommend that this applicant's supervised experience year reported above be approved by the N. C. Board of Examiners for Speech and Language Pathologists and Audiologists towards meeting the requirements for the license in the applicant's major area?

Yes [ ] No [ ]

Comments:

I have discussed this report with the applicant. Furthermore, I certify that this report of supervision is accurate and that my license was current throughout this SEY period.

SIGNATURE OF SUPERVISOR: ___________________________ DATE: ______
• All applications must be accompanied by official (not student copy) transcripts of all post-secondary education. **Course titles on the transcript which do not indicate the course content must be clarified by providing a copy of the university catalogue course descriptions** (i.e. Speech Pathology Seminar, Advanced Audiology, Readings in Speech Pathology,).

**DO NOT** LIST BIOLOGY, CHEMISTRY, ASTRONOMY, MATH, OR OTHER COURSES THAT ARE NOT RELATED TO SPEECH AND/OR HEARING

**PLEASE PRINT OR WRITE LEGIBLY!!!!**
Board Meetings

Please visit http://www.ncboeslpa.org/meeting.htm to view the dates that have been tentatively set for meetings of the Board of Examiners.

ALL APPLICATIONS THAT ARE TO BE REVIEWED AT THESE MEETINGS MUST BE RECEIVED IN THE OFFICE OF THE BOARD AT LEAST ONE WEEK PRIOR TO THE MEETING DATE. IF THEY ARE NOT RECEIVED BY THE DEADLINE, THEY WILL NOT BE REVIEWED.
IF YOU HAVE QUESTIONS OR NEED HELP,

TELEPHONE: 336-272-1828

EMAIL: DSHERWOOD@ncboeslpa.org

YOU MAY DOWNLOAD APPLICATION MATERIALS AT:

WWW.NCBOESLPA.ORG