

STATE OF NORTH CAROLINA
BOARD OF EXAMINERS FOR SPEECH AND LANGUAGE PATHOLOGISTS & AUDIOLOGISTS
 PO BOX 16885, GREENSBORO, NC 27416-0885
SUPERVISED EXPERIENCE YEAR REPORT

License Application Area: _____ Speech-Language Pathology _____ Audiology

I. APPLICANT: _____

COMPLETE ADDRESS: _____ Phone: _____

CURRENT EMPLOYER: _____

II. SUPERVISED EXPERIENCE YEAR SETTING:

A. Exact name & address of place(s) of supervised experience for this report:

B. Beginning date for this SEY report: _____ Ending date: _____

III. SUPERVISOR:

A. Signature of Supervisor: _____

B. Complete Address: _____

IV. REPORT OF ON-SITE OBSERVATIONS

List below the months, dates within the month, and total # of hours observed

Month	Date(s) Observed	Total Hrs. Observed	Month	Date(s) Observed	Total Hrs. Observed
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

TOTAL # MONTHS OBSERVED _____ TOTAL # HOURS OBSERVED _____

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:** _____