

STATE OF NORTH CAROLINA  
BOARD OF EXAMINERS FOR SPEECH AND LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS  
POST OFFICE BOX 16885, GREENSBORO, NORTH CAROLINA 27416-0885  
TELEPHONE 336-272-1828 Email: [dsherwood@ncboeslpa.org](mailto:dsherwood@ncboeslpa.org)  
Website: [www.ncboeslpa.org](http://www.ncboeslpa.org)

**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 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 is 162.
  - 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.
3. **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, certified checks or PayPal

**FEES:**

APPLICATION FEE.....	\$30.00
TEMPORARY LICENSE FEE (SEY).....	\$40.00
SERVICE CHARGE FOR RETURNED CHECKS.....	\$25.00

**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  
AUDIOLOGISTS**

**Application for Temporary License in SPEECH AND LANGUAGE PATHOLOGY**

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

**SECTION I**

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:** \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

**Please list other languages in which you are fluent:** \_\_\_\_\_

**PRAXIS EXAMINATION SCORE:** \_\_\_\_\_ (Please make score available to reporting code 7757)

**Do you or your spouse hold current military status: I do:** \_\_\_\_\_ **My spouse does:** \_\_\_\_\_ **No:** \_\_\_\_\_

**EDUCATION**

<b>College or University</b>	<b>Major</b>	<b>Degree</b>	<b>Date</b>

**Has disciplinary action ever been taken or is disciplinary action pending against you by a licensing board or professional association? \_\_\_\_\_ 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**

All coursework is to be listed in **semester hours**. For those who Received quarter hours instead of semester hours, use conversion chart on right.

**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

**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.**

	College/University	Course Number	Course Title	Check if Graduate Level Course	Semester Hours
<b>Anatomic Physiologic Bases</b> <b>(min. = 3 s.h.)</b>	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
<b>Communication Sciences</b> <b>(min. = 3 s.h.)</b>	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
<b>Linguistic &amp; Psycholinguistic Variables</b> <b>(min. = 3 s.h.)</b>	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

**TOTAL SEMESTER HOURS**  
**(15 Semester Hour Minimum)** \_\_\_\_\_

**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.

**B. SPEECH-LANGUAGE PATHOLOGY COURSEWORK:**

	<u>College/University</u>	<u>Course Number</u>	<u>Course Title</u>	<u>Check if Graduate Level Course</u>	<u>Semester Hours</u>
Speech Disorders (min. = 6 s.h. for license in SLP)					
Language Disorders (min. = 6 s.h. for license in SLP)					
Clinical Practicum (max. 6 s.h.)					

**TOTAL SEMESTER HOURS**  
**(36 Semester Hour Minimum)** \_\_\_\_\_

**C. AUDIOLOGY COURSEWORK:**

	College/University	Course Number	Course Title	Check if Graduate Level Course	Semester Hours
<b>Auditory Pathology</b> (min. = 3 s.h. for license in SLP)	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
<b>Habilitation/ Rehabilitation</b> (min. = 3 s.h. for license in SLP)	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

**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)**

College/University	Course Number	Course Title	Check if Graduate Level Course	Semester Hours
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**TOTAL SEMESTER HOURS:** \_\_\_\_\_

**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 36 s.h.)
  - Audiology Semester Hour Total (page 4).....(minimum 6 sh.)
- C. Auditory Coursework (page 5).....
- D. Related Areas (page 5).....
- 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.** You may count 25 hours of observation in the total number of hours, however, observation hours cannot be counted in the 20 hour minimums.

**EVALUATION**

	<b><u>CHILDREN</u></b>	<b><u>ADULTS</u></b>
<b><u>Speech Disorders</u></b>	<input type="text"/> (minimum 20 hrs)	<input type="text"/> (minimum 20 hrs)
<b><u>Language Disorders</u></b>	<input type="text"/> (minimum 20 hrs)	<input type="text"/> (minimum 20 hrs)
<b><u>Total Evaluation Hours</u></b>	<input type="text"/>	<input type="text"/>

**Supervision of Evaluation Hours**

<b><u>Supervisor</u></b>	<b><u>N.C. License or ASHA Account#</u></b>	<b><u>Site</u></b>	<b><u>Adult or Child</u></b>	<b><u># of Hours</u></b>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**TREATMENT**

	<b><u>CHILDREN</u></b>	<b><u>ADULTS</u></b>
<b><u>Speech Disorders</u></b>	<input type="text"/> (minimum 20 hrs)	<input type="text"/> (minimum 20 hrs)
<b><u>Language Disorders</u></b>	<input type="text"/> (minimum 20 hrs)	<input type="text"/> (minimum 20 hrs)
<b><u>Total Treatment Hours</u></b>	<input type="text"/>	<input type="text"/>

**Supervision of Treatment Hours**

<b><u>Supervisor</u></b>	<b><u>N.C. License or ASHA Account#</u></b>	<b><u>Site</u></b>	<b><u>Adult or Child</u></b>	<b><u># of Hours</u></b>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**TOTAL HOURS**   
(minimum 400 hrs)

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

**PROGRAM DIRECTOR'S RECOMMENDATION:**

This applicant's master's/doctoral degree will be/was officially conferred by this institution on \_\_\_\_\_.  
(Circle one) (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:

**Name of Applicant:** \_\_\_\_\_

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**