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: __________________________________________ Phone: _______________________

COMPLETE ADDRESS:____________________________________

City __________________________ State __________ Zip _____________

CURRENT EMPLOYER:_____________________________________

II. SUPERVISED EXPERIENCE YEAR SETTING:

A. Exact name & address of place(s) of supervised experience for this report: (County or City only for Homes)

________________________________________________________________________

________________________________________________________________________

B. Hours/week spent by applicant in major area (SLP & A) __________

C. Beginning date for this SEY report: ___________ Ending date: ___________

III. SUPERVISOR:

A. Name of Supervisor: __________________________ License # __________________

IV. REPORT OF ON-SITE OBSERVATIONS - List below the months, dates within the month, and total # of hours observed

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<th>Month</th>
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<th>Total Hrs. Observed</th>
<th>Month</th>
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</table>

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 [ X ] 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: ______________