

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

Month	Date(s) Observed	Total Hrs. Observed	Month	Date(s) Observed	Total Hrs. Observed
<u>1</u>	_____	_____	<u>10</u>	_____	_____
<u>2</u>	_____	_____	<u>11</u>	_____	_____
<u>3</u>	_____	_____	<u>12</u>	_____	_____
<u>4</u>	_____	_____	<u>13</u>	_____	_____
<u>5</u>	_____	_____	<u>14</u>	_____	_____
<u>6</u>	_____	_____	<u>15</u>	_____	_____
<u>7</u>	_____	_____	<u>16</u>	_____	_____
<u>8</u>	_____	_____	<u>17</u>	_____	_____
<u>9</u>	_____	_____	<u>18</u>	_____	_____

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