

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 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 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 for audiology applicants for test 5342 is 170 and for test 5343 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.
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.

<b><u>FEES:</u></b>	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  
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: \_\_\_\_\_ Applicant's Email Address: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

PRAXIS EXAMINATION SCORE: \_\_\_\_\_ (Contact ETS to have score made available for download by N.C. Board)

**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**

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	Course Completion Date	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)** \_\_\_\_\_



**C.** **AUDIOLOGY COURSEWORK:**

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

**EVALUATION**

	<b><u>CHILDREN</u></b>	<b><u>ADULTS</u></b>
<b><u>Speech Disorders</u></b>	_____	_____
<b><u>Language Disorders</u></b>	_____	_____
<b><u>Total Evaluation Hours</u></b>	_____	_____

**Supervision of Evaluation Hours**

Supervisor \_\_\_\_\_ N.C. License or ASHA Account# \_\_\_\_\_ Site \_\_\_\_\_ Adult or Child \_\_\_\_\_ # of Hours \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TREATMENT**

	<b><u>CHILDREN</u></b>	<b><u>ADULTS</u></b>
<b><u>Speech Disorders</u></b>	_____	_____
<b><u>Language Disorders</u></b>	_____	_____
<b><u>Total Treatment Hours</u></b>	_____	_____

**Supervision of Treatment Hours**

Supervisor \_\_\_\_\_ N.C. License or ASHA Account# \_\_\_\_\_ Site \_\_\_\_\_ Adult or Child \_\_\_\_\_ # of Hours \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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:

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**



## Examples of Accepted Coursework Page

Listed below are examples of acceptable courses for each area. This list is **not** to be interpreted as a complete list of all possible accepted courses. These are the most common examples for each category and this page is intended to aid you in completing your application. Course titles may vary from university to university.

Note that you can divide the hours for courses **one time**. For example, if your course equals 3 semester hours, you may count 1.5 hours in one area and 1.5 hours in another area or 1 hour in one area and 2 hours in another area.

### Page 3

**Anatomic Physiologic Bases** This area is for **NORMAL** development and use of speech, hearing, and language.

**Anatomic Physiologic Bases**

**(min.= 3 s.h.)** Anatomy of the Speech & Hearing Mechanism; Neuroanatomy

**Communication Sciences** This area is for **NORMAL** development and use of speech, hearing, and language.

**Communication Sciences**

**(min. = 3 s.h.)** Speech Science; Hearing Science; Phonetics can be counted here or under Linguistics.

**Linguistic & Psycholinguistic Variables** This area is for **NORMAL** development and use of speech, hearing, and language.

**Linguistic & Psycholinguistic Variables**

**Variables**

**(min. = 3 s.h.)** Language development, Language Acquisition, Linguistics, Multicultural; Phonetics can be counted here or under Communication Sciences.

### Page 4

**Speech Disorders**

**Speech Disorders**

**(min. = 6 s.h. for license in**

**SLP)** Disorders of Voice; Disorders of Fluency; Dysphagia; Articulation; Craniofacial Anomalies; Motor Speech Disorders

**Language Disorders**

**Language Disorders**

**(min. = 6 s.h. for license in**

**SLP)** Language Disorders; Language & Learning Disorders; Traumatic Brain Injury; Augmentative-Alternative Communication; Linguistic/Cognitive Impairments; Aphasia

### Page 5

**Auditory Pathology**

**Auditory Pathology**

**(min = 3 s.h.**

**for license in SLP)** Audiology; Intro to Audiology

**Habilitation/ Rehabilitation**

**Habilitation/ Rehabilitation**

**(min. = 3 s.h. for**

**license in SLP)** Aural Rehab; Sign Language

### Page 6

**Related Areas** Exceptional Children; Child Behavior Management; Advanced Psychology Courses; Research Design; Statistics; Clinical Methods; Professional Issues