STATE OF NORTH CAROLINA
BOARD OF EXAMINERS FOR SPEECH & LANGUAGE PATHOLOGISTS & AUDIOLOGISTS
PO BOX 16885, GREENSBORO, NC 27416-0885. www.ncboeslpa.org
SUPERVISED EXPERIENCE YEAR PLAN

License Application Area: _____Speech-Language Pathology _____Audiology

I. IDENTIFICATION:

A. NAME:_____
(Type or Print)

B. HOME ADDRESS:

_____

_____

_____

Telephone:_____

C. BUSINESS ADDRESS (Employer)

Name of Company_____

Street Address _____

City, State & Zip _____

Telephone:_____

C. Preferred Mailing Address: _____Home _____Business

II. SUPERVISED EXPERIENCE SETTING:

A. Exact names/addresses of places of supervised experience (Work Sites): **Note: If providing services in homes, please list the smallest area in which the visits will take place. For example, the town of Liberty, NC. You must provide names and addresses of all daycares, schools and all facilities. You may attach an additional page if needed.**

_____

_____

_____

_____

B. Hours per week to be spent in: Speech-Language Pathology_____ Audiology_____

C. Preferred Start Date **for This Plan**: _____ (If this is a supervision change, enter the date that you would like the change to become effective. No changes should take place until you have received confirmation from the Board that the changes have been approved.)

III. SUPERVISOR

A. Name of supervisor: _____ N.C. License #_____

B. Supervisor's place of employment and address:

_____

_____

_____

COMPLETE & SIGN 2nd PAGE

Telephone:_____

BOARD USE ONLY

Application Approved: _____ **Employment: _____Full-time _____Part-time**

Beginning Date of SEY: _____ **Anticipated Completion Date: _____**

IV. CLINICAL AND SUPERVISORY RESPONSIBILITIES:

The Board shall interpret Section 90-295(4) to mean the supervision which will be satisfactory to the Board **must include four hours per month of direct, on-site observation of the applicant's direct work with patients**, in addition to "other" methods of supervision (e.g. video/audio tape recording review, records review, staff meetings, telephone conferences/correspondence, etc.). **THE APPLICANT MUST BE EMPLOYED A MINIMUM OF TWENTY HOURS PER WEEK TO MAINTAIN AN ACTIVE LICENSE**.

	Hours per week to be spent by applicant in:	Planned hours/month of direct on-site supervision/area:
1. Assessment, diagnosis and/or evaluations	_____	_____
2. Screening	_____	_____
3. Habilitation/rehabilitation/ therapy/counseling	_____	_____
4. Staff meetings	_____	XXXXXXXXXXXXX
5. Record keeping	_____	XXXXXXXXXXXXX
6. Other **(specify)**	_____	XXXXXXXXXXXXX
TOTAL:	_____	_____

Number of "other" types of planned supervision activities per month: _____

V. TO BE COMPLETED BY THE APPLICANT:

I have met with and discussed this plan with my SEY supervisor. Furthermore, I checked and found that my supervisor holds a valid N.C. license in the area in which I seek licensure. If it is determined at a later date that this statement is not true, I and not the Board, assume full responsibility for a invalid SEY.

SIGNATURE OF APPLICANT _____Date_____

VI. TO BE COMPLETED BY THE SUPERVISOR:

I have met with and discussed this plan with the applicant and accept responsibility for its implementation. Furthermore, I certify that my license will be current throughout this SEY and I will fulfill this responsibility even if I am unable to recommend the applicant at the end of the SEY experience.

SIGNATURE OF SUPERVISOR _____Date_____

*****NOTICE*****

Any change in the above plan OR supervisor must be reported to the Board PRIOR to implementing the change or continuing the practice.

NOTICE TO APPLICANTS FOR TEMPORARY LICENSE

The Board of Examiners for Speech and Language Pathologists and Audiologists has determined that supervised experience which will meet the Board's approval for a permanent license must be characterized by a least seventy percent (70%) of work time devoted to clinical activities (e.g. planning for direct patient services, analysis of data obtained in diagnostic and/or therapeutic services, analysis of data obtained in diagnostic and/or therapeutic contacts, reporting and/or counseling with patients and their families or other professionals). Not to be included in meeting the 70% requirement are journal groups, administrative activities, staff meetings, inservice training, public relations, or travel.

IT IS THE RESPONSIBILITY OF THE APPLICANT OR TEMPORARY LICENSEE TO NOTIFY THEIR IMMEDIATE SUPERIOR AND EMPLOYER, IF DIFFERENT, OF THIS REQUIREMENT. IF THERE IS TO BE ANY CHANGE OF ANY KIND ON THE SUPERVISED EXPERIENCE YEAR PLAN THAT WAS APPROVED, A NEW SEY PLAN MUST BE PROVIDED TO THE BOARD BEFORE THE CHANGE IS MADE.