

# REPORT OF CLINICAL PRACTICUM

## SPEECH-LANGUAGE PATHOLOGIST

**ATTENTION APPLICANT:** Complete **both pages** of this form and send to the college or university for verification by current training program director. Any corrections to this form must be stricken and initialed. **DO NOT USE WHITE OUT OR CORRECTION TAPE ON THIS FORM.**

Supervised Clinical Practicum - The applicant must submit evidence of completion, in conjunction with academic course requirements, in accordance with Section 1399.152.2 of Article 3 of Division 13.4 of Title 16 of the California Code of Regulations.

The requirements are two hundred seventy-five (275) clock hours of clinical experience shall be required for licensure as a speech-language pathologist or audiologist for applicants who completed their graduate program on or before December 31, 1992; and three hundred (300) clock hours of clinical experience in three (3) different clinical settings shall be required for licensure as a speech-language pathologist or audiologist for applicants who completed their graduate program after December 31, 1992.

For either a speech-language pathology or audiology major, twenty-five (25) hours of aural rehabilitation may be supervised by either a speech-language pathologist or audiologist as provided in subsection (d). Another twenty-five (25) hours of the required clinical experience may be in the field other than that for which the applicant is seeking licensure (speech-language pathology for an audiologist or audiology for a speech-language pathologist) if such clinical experience is under a supervisor who is qualified in the minor field as proved in subsection (a). Authority cited: Section 2531.95, Business and Professions Code. Reference: Section 2532.2, Business and Profession Code.

Clock hours obtained in a California college or university January 1980 or thereafter must be under the supervision of a licensed speech-language pathologist.

Applicant's full name \_\_\_\_\_

Social Security Number \_\_\_\_\_

University or College \_\_\_\_\_

**ATTENTION TRAINING PROGRAM DIRECTOR:** This is a two (2) page document. Please sign the lower left hand corner of the first page and the upper left hand corner of the second page in blue ink. Mail the signed form directly to the following address:

Speech-Language Pathology and Audiology Board  
2005 Evergreen Street, Suite 2100  
Sacramento, CA 95815

I certify that all practicum information listed on the back of this form was completed according to all ASHA and State of California practicum requirements.

\_\_\_\_\_  
Signature of Current Training Program Director (Blue Ink)

\_\_\_\_\_  
Date

\_\_\_\_\_  
License Number or ASHA  
Certification Number

# CLINICAL PRACTICUM

(Speech-Language Pathology)

Signature of Training Program Director (BLUE INK)

PRINT Applicant's full name

**EVALUATION: ADULTS**

Supervisor's Full Name	Location Where Experience was Obtained	Supervisor's CCC Area (SP/AU)	Date of Experience Mo/Yr – Mo/Yr	Record hours under areas in which they were obtained					
				Articulation Disorders	Language Disorders	Voice Disorders	Fluency Disorders	Related Disorders	Dysphagia

**TOTALS:**

**EVALUATION: CHILDREN**


**TOTALS:**

**TREATMENT: ADULTS**


**TOTALS:**

**TREATMENT: CHILDREN**


**TOTALS:**

**AUDIOLOGY** (for majors in speech-language pathology)

Supervisor's Full Name	Location Where Experience was Obtained	Supervisor's CCC Area (SP/AU)	Date of Experience Mo/Yr – Mo/Yr	Record hours under areas in which they were obtained			
				Evaluation/Screening		Treatment	
				Screening	Audiologic Evaluation	Amplification (Hearing Aid Selection, Treatment)	Treatment of Communication Handicaps of the Hearing Impaired

**TOTALS:**