

Name:		Language of Completion:	
University:		Date of Graduation:	

Hours to be rounded to nearest quarter hour.

Activity	Assessment Identification 50 Hours Required		Intervention Management 100 Hours Required		Simulated Practice 50 Hours Maximum
Articulation Phonology	Adults	Children	Adults	Children	
(Pre)School Language & Literacy	Adults	Children	Adults	Children	
Developmental Language	Adults	Children	Adults	Children	
Acquired Language	Adults	Children	Adults	Children	
Cognitive Communication	Adults	Children	Adults	Children	
Motor Speech	Adults	Children	Adults	Children	
Augmentative & Alternative Communication	Adults	Children	Adults	Children	
Voice & Resonance	Adults	Children	Adults	Children	
Fluency	Adults	Children	Adults	Children	
Dysphagia	Adults	Children	Adults	Children	
Prevention & Identification	Adults	Children	Adults	Children	
Total Hours	Adults	Children	Adults	Children	
Audiology (20 Hours)					

Name of Clinical Coordinator:
Signature of Clinical Coordinator:
Email Address:
Date:

FOR OFFICE USE ONLY			
HOURS	REQUIRED	SUBMITTED	STANDARD MET
Total	Minimum 350		
Assessment	Minimum 50		
Intervention	Minimum 100		
Children	Minimum 50		
Adults	Minimum 50		
Audiology	Minimum 20		
Simulated	Maximum 50		

By typing your name here, you agree that your electronic signature is the legal equivalent of your physical signature on this document.