MUSC
MEDICAL UNIVERSITY of SOUTH CAROLINA

Speech-Language Pathology Clinical Observation Log

Printed name of applicant_____ Intended Yr. of Enrollment_____
Signature of applicant_____

A minimum of 25 hours of clinical observation is required *for the application to the SLP program. The CCC-SLP's signature is not required; simply provide his or her name.* ***Please type. Handwritten forms will not be accepted.***

Date(s)	Hours	Name of the Facility	Description of Experience	CCC-SLP Name(s)