

# DOCUMENTATION OF CLINICAL HOURS FORM

## LEBANON VALLEY COLLEGE

Department of Communication Sciences & Disorders/Speech-Language Pathology

### TO BE COMPLETED BY STUDENT

**Instructions:** Please complete this section where you completed your observational clinical hours. The total of observational clinical hours must be documented on this form and submitted to the Office of Admission at the time of application to the program. **Pre-admission observation requirements:** a total of 25 hours of observation.

Name	I have observed in: Circle at least one or more of the following experiences/settings Outpatient      Acute Care      Pediatrics Extended Care/Nursing Facility      Home Health Rehabilitation Hospital      School-based SLP
Home Address	
City	State      Zip
Home Phone	Contact Person in LVC SLP Department (if any)

### VERIFICATION OF OBSERVATIONAL CLINICAL HOURS

I verify that I have a total of \_\_\_\_\_ hours of observational experience between the dates of

\_\_\_\_\_ & \_\_\_\_\_.

I will produce 25 verified hours with signatures of Speech-Language Pathologists with Certificate of Clinical Competence by August 15, 2021.

Signature \_\_\_\_\_ Date \_\_\_\_\_