



TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

www.tdlr.texas.gov

CLINICAL OBSERVATION AND EXPERIENCE FORM FOR SPEECH-LANGUAGE PATHOLOGY ASSISTANT INSTRUCTIONS

TO BE COMPLETED BY COLLEGE/UNIVERSITY PROGRAM DIRECTOR OR APPROVED COLLEGE/UNIVERSITY DESIGNEE

Rule §111.50(a)(3) requires the applicant for the assistant license to have earned no fewer than twenty-five (25) hours of clinical observation in the area of speech-language pathology and twenty-five (25) hours of clinical assisting experience in the area of speech-language pathology obtained within an educational institution or in one of its cooperating programs.

1. STUDENT'S NAME – Provide your legal name in the spaces provided. (Last Name, First Name, Middle Name, Suffix) Examples of a suffix include Jr., Sr., and II. (Mr. is not a suffix.)
2. STUDENT'S SOCIAL SECURITY NUMBER – Social Security number disclosure is required by Section 231.302(1) of the Texas Family Code to obtain a license. Your social security number is subject to disclosure to an agency authorized to assist in the collection of child support payments. For more information regarding child support payments, contact the [Texas Attorney General](#).
3. COLLEGE OR UNIVERSITY NAME – Give the name of the COLLEGE OR UNIVERSITY.
4. HOURS EARNED – Indicate the number of hours earned in speech-language pathology, indicate "0" if non accrued.
5. PROGRAM DIRECTOR OR DIRECTOR DESIGNEE STATEMENT – Print name, signature and date of the college/ university program director or designee.

SEND YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:

Texas Department of Licensing and Regulation
P.O. Box 12157
Austin, TX 78711-2157

Documents submitted with your application will not be returned. Keep a copy of your completed application and all attachments.

For additional information and questions, visit the [TDLR website](#) or reach Customer Service via [webform](#). The webform will allow you to submit your request for assistance and include attachments needed. Customer Service Representatives are available Monday through Friday (excluding holidays) at (800) 803-9202 (in state only), (512) 463-6599, or Relay Texas-TDD: (800) 735-2989.

TDLR Public Information Act Policy:

This document is subject to the Texas Public Information Act. With certain exceptions, information in this document may be made available to the public. For more information, view the [TDLR Public Information Act Policy](#).



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OR APPROVED COLLEGE/UNIVERSITY DESIGNEE

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1. Name of Student:

2. Student Social Security #:

Last Name

First Name

Middle Name

Suffix

3. Name of College/University:

4. Indicate below the number of hours earned in speech-language pathology (**Enter "0" if none accrued.**)

Note: All hours must be earned in the same professional area for which the applicant is applying:

Clinical Observation:

Number of clock hours earned

Clinical Experience:

Number of clock hours earned

5. Program Director or Director Designee:

Print Name

Signature

Date