



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

INTERN IN AUDIOLOGY COURSE WORK AND CLINICAL EXPERIENCE FORM INSTRUCTIONS

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

The Speech-Language Pathology and Audiology Program requests that you verify the coursework and clinical experience for the individual named on this form. This information is necessary to process the applicant's request for an audiology intern license.

- 1) STUDENT'S NAME – Provide the student's 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 # – Social security number disclosure is required by Section 231.302(c)(1) of the Texas Family Code in order 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) DATE ELIGIBLE TO BEGIN INTERNSHIP – Indicate the date when the student is eligible to begin their supervised internship.
- 5) PROGRAM DIRECTOR OR DIRECTOR DESIGNEE – College/University program director or designee provides name, signature and date.

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, all attachments, and your check or money order. Do not send cash.

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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1. Name of Student:

Last Name	First Name	Middle Name	Suffix
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2. Student Social Security: _____

(See Instruction Sheet for Disclosure Information)

3. Name of College/University: _____

4. Date of when student is eligible to begin their supervised internship: _____

5. Program Director or Director Designee: I certify that the above named student has completed all required academic and clinical coursework and is eligible to begin their full time internship experience.

Print Name:

Signature:

Date