



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

INTERN IN SPEECH-LANGUAGE PATHOLOGY 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 course work and clinical experience for the individual named on this form. This information is necessary to process the applicant's request for a license.

- 1) STUDENT'S NAME – Indicate 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 – Indicate the name of the COLLEGE OR UNIVERSITY.
- 4) ACADEMIC AND CLINICAL REQUIREMENTS – Check box, if you certify that this applicant has completed all academic and clinical requirements for the graduate degree and has final grades for all academic and clinical requirements.
- 5) PENDING CONFERRED DEGREE – Check box, if you certify that all that is pending for this applicant is the conferred degree.
- 6) DATE DEGREE WILL BE CONFERRED – Indicate the date the degree will be officially conferred.
- 7) PROGRAM DIRECTOR OR DIRECTOR DESIGNEE STATEMENT – Print Name, signature and date of the college/university program director or designee.

SEND YOUR COMPLETED REQUEST AND REQUIRED DOCUMENTS TO:

TDLR
P.O. Box 12157
Austin, TX 78711-2157

Documents submitted with your request will not be returned. Keep a copy of your completed request, 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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The Speech-Language Pathology and Audiology program requests that you verify the course work and clinical experience for the individual named on this form. This information is necessary to process the applicant's request for a license.

1. Name of Student:

Last Name

First Name

Middle Name

Suffix

2. Student Social Security #:

3. Name of College/University:

(See Instruction Sheet for Disclosure Information)

COURSE WORK AND CLINICAL OBSERVATION/EXPERIENCE

§111.40. Requirements for an Intern in Speech-Language Pathology License.

(a) An applicant for the intern in speech-language pathology license shall meet the requirements set out in the Act and §111.30(a)-(c) of this title (relating to Requirements for a Speech-Language Pathology License) for the intern license.

§111.30. Speech-Language Pathology License--Licensing Requirements.

(a) An individual shall not practice as a speech-language pathologist without a current license issued by the department. An applicant for a speech-language pathology license shall meet the requirements set out in the Act and this section.

(b) Education. The graduate degree shall be completed at a college or university which has a program accredited by a national accrediting organization that is approved by the department and recognized by the United States Secretary of Education under the Higher Education Act of 1965 (20 U.S.C. §1001, et seq.).

(1) Original or certified copies of the transcripts showing the conferred degree shall verify the applicant completed the following:

(A) at least thirty-six (36) semester credit hours shall be in professional course work acceptable toward a graduate degree; and

(B) at least twenty-four (24) semester credit hours acceptable toward a graduate degree shall be earned in the area of speech-language pathology, including normal development and use of speech, language, and hearing; prevention evaluation, habilitation, and rehabilitation of speech, language, and hearing disorders; and related fields that augment the work of clinical practitioners of speech-language pathology;

(2) A maximum of six (6) academic semester credit hours associated with clinical experience and a maximum of six (6) academic semester credit hours associated with a thesis or dissertation may be counted toward the thirty-six (36) hours but not in lieu of the requirements of paragraph (1)(B).

(3) A quarter hour of academic credit shall be considered as two-thirds of a semester credit hour.

(4) An applicant who possesses a master's degree with a major in audiology and is pursuing a license in speech-language pathology may apply if, the department has an original transcript showing completion of a master's degree with a major in audiology on file and a letter from the program director or designee of the college or university stating that the individual completed enough hours to establish a graduate level major in speech-language pathology and would meet the academic and clinical experience requirements for a license as a speech-language pathologist.

(5) An applicant whose transcript is in a language other than English or whose degree was earned at a foreign university shall submit an original evaluation form from an approved transcript evaluation service. The transcript evaluation service must determine that the applicant's degree is a master's degree or higher with a major in one of the areas of communicative sciences or disorders. The applicant shall bear all expenses incurred during the procedure.

(6) An applicant who graduated from a college or university not accredited by the ASHA Council on Academic Accreditation shall submit an original signed letter from ASHA stating the Council for Clinical Certification accepted the course work and clinical experience. The applicant shall bear all expenses incurred during the procedure.

GRADUATE DEGREE TO BE CONFERRED

(The Act provides that an applicant who successfully completed all academic and clinical requirements but who has not had the degree officially conferred may be licensed as an intern in order to begin the supervised professional experience. NOTE: **All grades must be final. This document may only be signed if the grades are final and all that is pending is the conferred degree.**)

4. I certify that this applicant has completed all academic and clinical requirements for the graduate degree and has final grades for all academic and clinical requirements?

Yes No

5. I certify that all that is pending for this applicant is the conferred degree?

Yes No

6. I certify that the degree will be officially conferred on the following date:

Month/Day/Year

7. Program Director or Director Designee:

First Name, Last Name (Please Print)

Signature

Month/Day/Year