



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

SPEECH-LANGUAGE PATHOLOGY INTERN PLAN AND AGREEMENT OF SUPERVISION INSTRUCTIONS

An Intern may not practice until the Intern in Speech-Language Pathology license has been issued. This form is no longer required if your supervisor submits the Online Supervisee Add/Drop application (for licensed SLP Interns only).

1. **INTERN'S NAME** – Provide your legal name in the space provided. (Last Name, First Name, Middle Name, Suffix) Examples of a suffix include Jr., Sr., and II. (Mr. is not a suffix.)
2. **INTERN'S TEXAS LICENSE # AND/OR SOCIAL SECURITY NUMBER** – If you currently hold an Intern in Speech-Language Pathology license, indicate your Texas Intern in Speech-Language Pathology license number **and** your social security number (SSN). If you do not currently have a Texas Intern in Speech-Language Pathology license, please provide your SSN. SSN 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. **PROPOSED SUPERVISOR'S NAME** – Provide your legal name in the spaces provided. (Last Name, First Name)
4. **SUPERVISOR'S TEXAS LICENSE #** – Provide the proposed supervisor's Speech-Language Pathologist Texas license number.
5. **SUPERVISOR'S EMAIL ADDRESS** – Provide your email address only if you agree to the following statement. By providing my email address I authorize the Texas Department of Licensing and Regulation (TDLR) to send licensing communications and required notices to me by electronic mail. I understand that I may revoke this authorization in writing and that I must update my email address, or I will not receive these notices. I understand that the email address I have provided in this application will remain confidential except as permitted or required by law.
6. **APPLICABLE BOX** – **Initial Intern in Speech-Language Pathology License** – Those who have never held an Intern in Speech-Language Pathology license in Texas. **Change of Supervisor** – Note: In order for your previous supervisor to be removed, you must submit the Report of Completed Internship form, from your previous supervisor within 30 days. Please list the names of any supervisors to be removed in item 7. **Additional Supervisor** – Please check this box if you are keeping your current supervisor and adding an additional supervisor.
7. **OTHER CURRENT SUPERVISOR** – List the name and license number for any other current supervisors who will no longer supervise the intern.
8. **EMPLOYER INFORMATION** – Check the applicable box and list the address where the Intern in Speech-Language Pathology shall be supervised.
9. **THERAPY SITE(S)** – List the type of therapy site, for example: private homes, schools, hospitals, day care centers, nursing homes, clinics, etc.
10. **TERMS OF CONTRACT** – Intern and Supervisor carefully read the terms and sign and date the form.

Intern in Speech Language Pathology Plan:

Must consist of 36 weeks of full-time (35 hours per week) supervised professional experience (or its part-time equivalent of supervised professional experience) totaling a minimum of 1,260 hours, Part-time work can be completed, as long as the intern works no less than 5 hours per week. Working more than 35 hours per week will not shorten the minimum requirement of 36 weeks.

- At least 80% of the internship week shall be spent in direct client contact (assessment / diagnosis / evaluation, screening, habilitation / rehabilitation) and activities related to client management.
- The Internship shall be divided into three segments with no fewer than 36 clock hours of supervisory activities, including 6 hours per segment of face-to-face on-site observation of the intern's contact with clients and 6 hours per segment of other monitoring activities.
- The Beginning date may need to be adjusted; the internship cannot begin until the intern and the supervisor have received notice that the department has given approval for the supervisor to supervise the intern.

Reminder: Rule 111.154 Requirements, Duties, and Responsibilities of Supervisors

A license must have **two years** of professional experience in providing direct client services in the area of licensure in order to supervise an intern or assistant. The licensee's **internship** year shall be counted toward the **two years** of experience. (b) A licensee may not supervise an individual that is related to the licensee within the first degree of consanguinity. **A Supervisor may not supervise more than a total of four (4)** speech-language pathology interns and/or assistants.

Note: If multiple supervisors will share responsibility for the intern, each supervisor must complete and sign a separate *Intern Plan and Agreement of Supervision Form*. In accordance with TDLR Rule §111.40(g)(2).

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](#).



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

INTERN PLAN AND AGREEMENT OF SUPERVISION

An Intern may not practice until the Intern in Speech-Language Pathology license has been issued.

INTERN INFORMATION

1. Intern's Name:	2. Intern License # or Social Security #:
<hr/> <div style="display: flex; justify-content: space-between; font-size: small;"> Last First Middle Suffix (Jr., Sr., III) </div>	<hr/> See Instruction Sheet for Disclosure Information

SUPERVISOR INFORMATION

3. Proposed Supervisor's Name:	4. Supervisor's Texas License #:
<hr/> <div style="display: flex; justify-content: space-between; font-size: small;"> Last Name, First Name </div>	<hr/> SLP License Number
5. Supervisor's Email:	
<hr/> <div style="text-align: center; font-size: small;">Ex: johndoe@gmail.com See Instruction Sheet for Disclosure Information</div>	

PLEASE CHECK APPLICABLE BOX

6. Check one, please see instruction sheet to determine which is applicable:

Initial SLP Intern License
 Change of Supervisor
 Additional Supervisor

7. Other Current Supervisor(s) Name & License # to be **REMOVED** (please see instruction sheet)

EMPLOYER INFORMATION

8. Check One, please see instruction sheet to determine which is applicable:

Initial Employer
 Additional Employer/Site Only
 Change of Employer Only

Employer Address:

P.O. Box, Number, Street Name/Suite Number, City, State, Zip Code

9. Therapy Site(s):

(Example: private homes, schools, hospitals, day care centers, nursing homes, clinics, etc.)

10. TERMS OF CONTRACT

Intern in Speech Language Pathology Plan: I certify that I will not begin to practice until my intern license has been approved and I have verified the online approval. I certify that I have checked and found my supervisor holds a current Texas Speech-Language Pathology license. If I change my supervisor or add additional supervisor(s), I MUST submit a current Intern Plan and Agreement of Supervision Form by my new proposed supervisor and approved by the department before I may resume practice. The Report of Completed Internship Form shall be completed by my past supervisor and myself and submitted to the department office within 30 days of completion of that portion of the internship. I understand that it is the decision of my supervisor to determine whether my internship is acceptable. I certify that I MUST apply for full licensure WITHIN 30 DAYS OF COMPLETING MY SUPERVISED PROFESSIONAL EXPERIENCE, per §111.40(n)(1), if I wish to continue to practice.

For the Proposed Supervisor of the Intern in Speech-Language Pathology: I will not allow this intern to practice until I have verified that the intern holds a current valid intern license and approval has been received. **An intern may not practice before the intern license is issued.** I agree to accept responsibility for the services to the client that may be performed by this licensed intern. I understand that I must complete the *Report of Completed Internship Form* within 30 days upon ceasing supervision of this licensed intern. I understand that my license is subject to disciplinary action if any of the above is violated.

TERMS OF CONTRACT (Continued)

After the Proposed Supervisor(s) and the Intern Review Department Rules 111 Subchapter P, Responsibilities of The Licensee and Code of Ethics, and §111.40, Licensing Requirements, each supervisor who agrees to accept responsibility for all services provided by the following individual (who is licensed or seeking a license as a Speech Language Pathologist) must be listed on the completed *Intern Plan and Agreement for Speech-Language Pathology Form*.

By the signatures below, we certify that we have read and will comply with all applicable provisions of the Speech-Language Pathology and Audiology Act; Texas Occupation Code, Chapter 401 and Chapter 51; Texas Administrative Code, Chapter 111; and the Speech-Language Pathology and Audiology Administrative Rules, We understand that providing false information on this application may result in denial of this application and/or revocation of the license we are requesting and the imposition of administrative penalties.

Signature of Supervisee

Date

Signature of Supervisor

Date