



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

ASSISTANT IN SPEECH-LANGUAGE PATHOLOGY APPLICATION INSTRUCTIONS

DOCUMENTS SUBMITTED WITH YOUR APPLICATION WILL NOT BE RETURNED. KEEP A COPY OF YOUR COMPLETED APPLICATION, ALL ATTACHMENTS, AND YOUR CHECK OR MONEY ORDER.

1. 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. NAME ON TRANSCRIPT(S) – If the name is different from item 1, complete this field.
3. DATE OF BIRTH – Provide your birthdate.
4. SOCIAL SECURITY NUMBER – 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](#).
5. 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. PERSONAL PHONE NUMBER – Provide a telephone number, including the area code, where we can reach you during the day. This may be your office phone number where we can leave a message.
7. BUSINESS PHONE NUMBER – Provide the telephone number, including the area code, of the business listed.
8. MAILING ADDRESS – Provide your current mailing address. This is the address where we will send you mail. This address can be a post office box. You can add the zip plus-4 to help the postal service deliver mail more efficiently and accurately.
9. POSSESS A PROFESSIONAL LICENSE, OR CERTIFICATE, OR REGISTRATION ISSUED BY ANOTHER STATE, JURISDICTION OR TERRITORY – Indicate by checking box Yes or No. If yes, a license verification form must be completed by the state regulatory agency in each state from which you hold or ever held a license to practice. Give license or certificate number(s), title(s), and the name(s) and address (s) of the jurisdiction(s) issuing the license(s), or certificate(s), or registration(s).
10. DISCIPLINARY ACTION HISTORY – Indicate if you have ever had a professional license, certification, or registration suspended, canceled, revoked, or denied in any state. If you have, complete and attach a [Disciplinary Action Questionnaire](#) (PDF) for each disciplinary action.
11. VOLUNTARILY SURRENDERED ANY PROFESSIONAL LICENSE, OR CERTIFICATE, OR REGISTRATION – Indicate by checking the box Yes or No. If yes, briefly describe.
12. CURRENT EMPLOYMENT – Please list the contact information for your current employer.
13. ACADEMIC TRAINING – List all colleges and universities attended and attach additional pages if necessary.
14. CRIMINAL HISTORY – Indicate if you have ever been convicted of, or placed on deferred adjudication for, any Misdemeanor or Felony, other than a minor traffic violation. If YES, complete and attach a [Criminal History Questionnaire](#) (PDF) for each offense.
If you are worried your criminal history could prevent you from getting this license, Texas allows you to have your criminal history evaluated before submitting your application and non-refundable fees. To request a criminal history evaluation, submit a [Criminal History Evaluation Letter](#) (PDF), a completed [Criminal History Questionnaire](#) (PDF) form for each crime you were convicted of, or placed on deferred adjudication for, and a \$25 fee.

REQUIRED FOR ALL NEW APPLICANTS:

Fingerprinting: All new applicants must submit fingerprints for a national criminal history record review. The applicant is responsible for paying the fee associated with this review to the fingerprint service vendor used by Texas Department of Public Safety. Once your completed application is received by TDLR, instructions on how to schedule an appointment to be fingerprinted will be emailed to you. Be sure your email address is current and legible to receive the fingerprinting information. To be eligible for licensing, you must successfully pass a criminal history background check. If you submitted fingerprints for a Texas speech-language pathology assistant license or a Texas intern in speech-language pathology license, you do not need to submit fingerprints again.

15. **STATEMENT OF APPLICANT** – Carefully read the statement before dating and signing your application.

CHECKLIST OF REQUIRED DOCUMENTATION TO BE SUBMITTED WITH APPLICATION AND FEE:

- Submit an original or certified copy of the transcript(s) showing the conferred degree of relevant course work which also verifies that the applicant possesses a baccalaureate degree with an emphasis in speech-language pathology and/or audiology.** The transcript cannot be faxed. Electronic university transcript(s) will be accepted if emailed to cs.transcript@tdlr.texas.gov from the university's secure site. We do not accept electronic transcripts from the applicant.
- [Texas Jurisprudence Exam](#).** Please submit a copy of your certificate of completion. This is a no fail exam over the rules and laws.
- [Clinical Observation and Clinical Experience Form](#)** (PDF) completed by the university program director or designee of the college or university training program verifying the applicant completed 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 or under the direct supervision at their place of employment.
- [Clinical Deficiency Plan Form](#)** (PDF), if your clinical observation and experience form shows that you have not met the required 25 clinical observation hours and/or 25 clinical experience hours from the university, you must include this form. This must be approved and your license issued before you can begin the hours you are lacking. The approved Clinical Deficiency Plan will be emailed to your approved supervisor once it is approved by the licensing staff.
- Submit a **[Supervisory Responsibility Statement Form](#)** (PDF) completed by the licensed supervisor who agrees to accept responsibility for the services provided by the assistant and signed by both the applicant and the proposed department-approved supervisor or submitted in a manner prescribed by the department.

APPLICATION INFORMATION FOR MILITARY SERVICE MEMBERS, MILITARY VETERANS AND MILITARY SPOUSES

The Texas Department of Licensing and Regulation recognizes the contributions of our active duty military service members, their spouses, and veterans. If you want to use one of the licensing options available to military service members, military veterans and military spouses, please complete the **[Military Service Member, Military Veteran or Military Spouse Supplemental Application](#)** (PDF), and attach it with your license application.

If you have additional questions about qualifications, training or experience requirements relating to occupation licensing for military service members, military veterans or military spouses please go to **[TDLR Military Information](#)**.

SEND YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:

TDLR
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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ASSISTANT IN SPEECH-LANGUAGE PATHOLOGY APPLICATION

APPLICATION FEE: \$150.00

(FEE IS NON-REFUNDABLE)

This completed form must be accompanied by all required documents and the application fee.

1. Name:

_____ Last _____ First _____ Middle _____ Suffix (Jr., Sr., III)

2. Name on diploma/transcript(s): (if different from #1)

_____ Last, First, Middle Name

3. Date of Birth:

_____ Month/Day/Year

4. Social Security Number:

_____ See Instruction Sheet for Disclosure Information

5. Email Address:

ex: johndoe@gmail.com See Instruction Sheet for Disclosure Information

6. Personal Phone Number:

_____ (Area Code) Phone Number

7. Business Phone Number:

_____ (Area Code) Phone Number

8. Mailing Address:

_____ P.O. Box, Number, Street Name/Apartment Number, City, State, Zip

9. Do you possess professional license(s), certificate(s), or registration(s) issued by another state state(s), jurisdiction, or territory? Yes No

If yes, a license verification form must be completed by the state regulatory agency in each state from which you hold or ever held a license to practice. Give license, or certificate, or registration number(s), title(s), and the name(s) and address(s) of the jurisdiction(s) issuing the license(s), or certificate(s), or registration(s).

10. Have you ever had a professional license, certification or registration suspended, Yes No

If YES, complete and submit a Disciplinary Action Questionnaire (DAQ) with this application.

This does **not** include your driver license.

11. Have you ever voluntarily surrendered any professional license, or certificate, or registration? Yes No

If answer is yes, briefly state the type of license, or certificate, or registration, the name and address of the agency that issued the license, or certificate, or registration, and the reasons.

12. CURRENT EMPLOYMENT CONTACT INFORMATION

Place of Employment:

Phone Number:

_____ (Area Code) Phone Number

Employer's Address:

_____ Street Number, Street Name, Suite Number, City, State, Zip Code

Job Title:

Employment Start Date:

_____ Month/Day/Year

13.

ACADEMIC TRAINING

(List all high schools, colleges, and universities attended and attach additional pages if necessary)

Name of High School/College/University/Institution:

Location:

Street Number, Street Name, City, State, Zip Code

Inclusive dates attended:

Begin (Month/Year)

End (Month/Year)

Type of Degree Granted:

Major Field:

Name of High School/College/University/Institution:

Location:

Street Number, Street Name, City, State, Zip Code

Inclusive dates attended:

Begin (Month/Year)

End (Month/Year)

Type of Degree Granted:

Major Field:

14. Have you ever been convicted of, or placed on deferred adjudication for, any misdemeanor or felony, other than a minor traffic violation?

Yes No

If YES, complete and submit a Criminal History Questionnaire (CHQ) for each offense.

Once your completed application is received, instructions on how to schedule an appointment to be fingerprinted will be emailed to you. Be sure your email address is current and legible to receive the fingerprinting information.

See instructions sheet for more information.

15.

STATEMENT OF APPLICANT

I certify that I 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, I understand that providing false information on this application may result in denial of this application and/or revocation of the license I am requesting and the imposition of administrative penalties.

Signature of Applicant

Date Signed