



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

SPEECH-LANGUAGE PATHOLOGY REPORT OF COMPLETED INTERNSHIP FORM INSTRUCTIONS

This form must be completed and returned within 30 days of completion of internship hours, and upon a change in supervisors.

1. INTERN'S NAME – Indicate the intern's 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 # – Indicate the Texas Intern in Speech-Language Pathology license number.
3. SUPERVISOR'S NAME – Indicate the supervisor'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.)
4. SUPERVISOR'S TEXAS LICENSE # – Indicate the Texas Speech-Language Pathologist 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. INTERNSHIP START DATE – Provide the date when the internship started.
7. INTERNSHIP END DATE – Provide the date when the internship ended.
8. NUMBER OF WEEKS COVERED – Indicate the number of weeks covered by this report.
9. TOTAL NUMBER OF HOURS ACQUIRED – Indicate the total number of hours the Intern acquired under supervision.
10. NUMBER OF HOURS WORKED PER WEEK – Indicate the number of hours worked per week.
11. DATES WHEN THE INTERN DID NOT PRACTICE – List the dates when the intern did not practice the number of hours per week established in the approved Intern Plan and Agreement of Supervision form.
12. QUESTIONS AND CERTIFICATIONS FOR THE SUPERVISOR – Please answer all the questions and certifications. This section has been updated to recognize the Governor's disaster declaration regarding the COVID-19 pandemic and the suspension of certain requirements.
13. INTERN'S AND SUPERVISOR'S STATEMENT – Please read the statements carefully. The intern and the supervisor will sign the form.

This form must be completed within 30 days of completion of internship hours. Disciplinary action may be taken against the intern and the supervisor(s) if the Report of Completed Internship is not submitted within this time frame. A separate report must be completed and emailed to the Department for each component of the internship that involved a change of supervisor. Each supervisor listed on the Intern Plan and Agreement of Supervision form must submit this form. If the site of employment changes, the supervisor shall mail the new address to the address listed below. Please review to be sure all information is completed correctly. Incomplete forms will be returned and may delay approval of the internship.

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](http://www.tdlr.texas.gov) 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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SPEECH LANGUAGE PATHOLOGY REPORT OF COMPLETED INTERNSHIP FORM

INTERN INFORMATION

1. Intern's Name:				2. Intern's License #:	
_____	_____	_____	_____	_____	_____
Last	First	Middle	Suffix (Jr., Sr., III)	SLP Intern's License Number	

SUPERVISOR INFORMATION

3. Supervisor's Name:		4. Supervisor's Texas License #:	
_____		_____	
Last Name, First Name		SLP License Number	
5. Supervisor's Email:			

(Ex: johndoe@gmail.com See Instruction Sheet for Disclosure Information)			

DATES / HOURS COVERED

6. Internship Start Date:		7. Internship End Date:	
_____		_____	
Month/Day/Year		Month/Day/Year	
8. Number of weeks covered by this report:		9. Total number of hours acquired:	
_____		_____	
10. Number of hours worked per week: _____			
11. List the dates when the intern did not practice the number of hours per week established in the approved Intern Plan and Agreement of Supervision: _____			

12. QUESTIONS AND CERTIFICATIONS FOR THE SUPERVISOR

- This internship included no fewer than 36 clock hours of supervisory activities, including 18 direct supervision hours in which the intern provided screening, evaluation, assessment, habilitation, and rehabilitation to a client; and 18 indirect supervision hours, which may include correspondence, video tape review, and/or evaluation of written reports with the intern. Yes No
 - This internship was divided into three equal segments (1/3 the length of the internship), with no fewer than 6 hours per segment of direct supervision of the intern's contact with clients and 6 hours per segment of indirect supervision. Yes No
 - I certify that I supervised this intern in accordance with 16 TAC §111.41 of the Program Rules, **or in accordance with any disaster declaration rule suspensions authorized by the Governor's Office and the Department**, and I followed the agreement stated in the Intern Plan and Agreement of Supervision. Yes No
 - I certify that each segment of this internship (or portion of internship) required that I conduct a formal evaluation of the intern's progress in the development of professional skills. Yes No
 - AS THE INTERN'S SUPERVISOR, I RECOMMEND THAT THE INTERNSHIP (OR PORTION OF INTERNSHIP) REPORTED ON THIS FORM BE APPROVED TOWARDS MEETING THE REQUIREMENTS FOR A LICENSE Yes No
- If the answer to any of the above statements is "No," please attach an explanation.**
- **I WILL CONTINUE TO SUPERVISE THIS INTERN** Yes No
(IF NO, THIS FORM MUST BE EMAILED OR FAXED IN BY THE SUPERVISOR TO ENSURE THAT THE SUPERVISOR IS REMOVED)

13.

INTERN'S AND SUPERVISOR'S STATEMENT

For the Intern in Speech Language Pathology: I certify that I read and followed §111.155, Code of Ethics, §111.41, Intern in Speech-Language Pathology License--Internship and Supervision Requirements, and §111.154, Requirements, Duties, and Responsibilities of Supervisors and Persons Being Supervised. I certify that I have read and discussed this Report with my Supervisor. I understand that if it is determined at a later date that any statement in this Report of Completed Internship is not true, I assume full responsibility for an invalid Internship. I understand that I MUST apply for full licensure with the State of Texas within 30 days of completing my supervised professional experience and passing the required examination. **I may continue to practice under supervision while awaiting the issuance of my full license if I hold a valid license, the supervisor agrees to continue supervision, and I follow the terms of the Intern Plan and Agreement of Supervision, per §111.42(e).**

For the Supervisor of the Intern in Speech-Language Pathology: I certify that I read and followed §111.155, Code of Ethics and §111.154, Requirements, Duties, and Responsibilities of Supervisors and Persons Being Supervised. Once the internship has been completed (and the intern's license remains valid), the intern may continue to practice under supervision in Texas with the intern license while awaiting full licensure if the current supervisor will continue to supervise the intern from the "Internship End Date" as shown on the Report of Completed Internship Form until the intern is fully licensed.

By the signatures below, we certify that we have read and will comply with all applicable provisions of the Department's enabling statute at Texas Occupations Code, Chapter 51; the Department's procedural rules at 16 Texas Administrative Code, Chapter 60; the Speech-Language Pathologists and Audiologists Act at Texas Occupation Code, Chapter 401; and the Speech-Language Pathologists and Audiologists Administrative Rules at 16 Texas Administrative Code, Chapter 111. We understand that providing false information on this form may result in license sanctions and/or administrative penalties.

Signature of Intern

Signature of Supervisor

Date Signed

Date Signed