



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

ASSISTANT IN SPEECH-LANGUAGE PATHOLOGY CLINICAL DEFICIENCY PLAN INSTRUCTIONS

The applicant should return the completed form with the rest of the completed application to the address at the top of this page.

1. ASSISTANT'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. ASSISTANT'S SOCIAL SECURITY NUMBER – Social Security number disclosure is required by Section 231.302(1) of the Texas Family Code 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 the proposed 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 # – Provide the proposed supervisor's Speech-Language Pathologist Texas license number.
5. SUPERVISOR'S EMAIL ADDRESS – Provide the proposed supervisor's email address. Please provide the email address so the department may email license information and required notices to you. Your email address is confidential pursuant to the Texas Public Information Act, and the department will not share it with the public.
6. CLINICAL OBSERVATION – Indicate the clinical observation training that will be conducted.
7. CLINICAL ASSISTING EXPERIENCE – Indicate the hours that will be completed and select all areas that apply.
8. STATEMENT OF APPLICANT AND SUPERVISOR – Carefully read the statement before signing and dating your application.

Guide to the Clinical Deficiency Plan

An applicant must have acquired twenty-five (25) hours of clinical observation and twenty-five (25) hours of clinical experience within an educational institution or in one of its cooperating programs before applying for a speech-language pathologist (SLP) assistant license. If these hours were not acquired through an educational institution or in one of its cooperating programs, the applicant must submit a Clinical Deficiency Plan with their application for the SLP assistant license. If the hours will be acquired through a Clinical Deficiency Plan, the hours may not begin until the SLP assistant license has been issued.

- 1) The proposed supervisor must be a licensed speech-language pathologist and must be eligible to supervise under the Act and §111.154. Supervision documents must be completed by the supervisor and submitted by the applicant, along with the application and other required documents and fee. Supervision documents include:
 - the Supervisory Responsibility Statement Form; and
 - the Clinical Deficiency Plan.
- 2) The department will review the application, documentation, and fees submitted to determine if the SLP assistant license shall be issued. Additional information or revisions may be required before approval is granted.
- 3) Once the SLP assistant license has been issued, the SLP assistant shall begin acquiring the hours under the Clinical Deficiency Plan.
- 4) The Clinical Deficiency Plan must be completed within sixty (60) days of the issue date of the SLP assistant's license or the SLP assistant must submit a new plan.
- 5) Immediately upon completion of the Clinical Deficiency Plan, the supervisor and the SLP assistant shall complete and submit the Assistant in Speech-Language Pathology Clinical Deficiency Plan Completion of Training and Rating Scale form.

DEFICIENCY PLAN:

OBSERVATION: Twenty-five (25) hours of observation must be of actual practice by a licensed Speech-Language Pathologist. The observation should have a preparation period where the assistant will be informed of the goals and procedures for each session.

ASSISTING EXPERIENCE: Twenty-five (25) hours of clinical assisting experience must include actual treatment experience and must be done in accordance with §111.50(e) or other provisions currently in place, including direct supervision of the SLP assistant by their approved supervisor.

The SLP assistant must be provided with experience consistent with the role of assisting the fully licensed SLP in the performance of their professional role, not of independent function. The SLP assistant should have a clear idea of what they are licensed to do, and what they are limited in doing. The SLP assistant must understand the ethical and legal responsibilities of a SLP assistant defined by the Act and Department Rules.

Clinical observation and clinical assisting experience must be designed and provided by the licensed speech-language pathologist (supervisor). The supervisor must ensure that the SLP assistant license has been issued before allowing the SLP assistant to acquire the hours. (Note: The supervisor for an assistant in speech-language pathology must be a licensed speech-language pathologist in Texas).

The Department may ask for more information or revisions before approving or disapproving the plan. Clinical observation and clinical assisting experience logs may be requested by the Department for review.

Note: The plan must be approved by the department staff and the applicant's license issued before any observation or clinical assisting experience clock hours may begin. There will be no exceptions. The SLP assistant may only provide services under 100% direct supervision until the Clinical Deficiency Plan has been completed and approved by TDLR.

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](#).



**ASSISTANT IN SPEECH-LANGUAGE PATHOLOGY
 CLINICAL DEFICIENCY PLAN**

ASSISTANT'S INFORMATION

1. Assistant's Name:				2. Assistant's Social Security Number:	
Last	First	Middle	Suffix	See instruction sheet for disclosure information	

SUPERVISOR'S INFORMATION

3. Proposed Supervisor's Name:			
Last	First	Middle	Suffix (Jr., Sr., III)
4. Supervisor's Texas License #:	5. Supervisor's Email:		

TRAINING

6. Clinical Observation Training must be conducted under direct supervision by the proposed licensed supervisor named above: Describe the training that will be provided: (Select the boxes that apply and give the number of hours).
 Clinical Observation for _____ hours. Therapy Other: (List other training methods below)

7. **Clinical Assisting Experience for** _____ hours. (Select all areas in which you will train the assistants)

- Conduct or participate in speech, language, and/or hearing screening;
- Complement the treatment program or the individual education plan (IEP) designed by the licensed speech-language pathologist department-approved supervisor
- Provide carry-over activities which are the therapeutically designed transfer of a newly acquired communication ability to other contexts and situations;
- Collect Data;
- Administer routine test as defined by the Department;
- Maintain clinical records;
- Prepare Clinical records;
- Participate with the licensed speech-language pathologist in research projects, staff development, public relations programs, or similar activities as designed and supervised by the licensed speech-language pathologist define the activity on a separate sheet of paper; and
- Write lesson plans based on the therapy program developed by the licensed speech-language pathologist department-approved supervisor. The lesson plans shall be reviewed and approved by the licensed speech-language pathologist department-approved supervisor.

Describe where the training will occur and length of sessions: (List information on additional sheets if necessary)

TERMS OF CONTRACT

The plan must be approved by the department and the license issued before ANY observation or clinical assisting experience clock hours may begin.

The clinical observation hours and/or clinical assisting experience must be completed in accordance with the Department approved plan within 60 days of the effective date of the license. If a change in the plan is necessary, the revised plan must be submitted to the department and approval granted before hours under the new Clinical Deficiency Plan may begin. The revised plan must be completed within 60-days.

COMPLETION DOCUMENTATION:

After the assistant's clinical deficiency plan is approved, the supervisor may download the forms from the Clinical Deficiency Plan section of the department's website. Please use the department's prescribed forms.

- 1. Clinical Deficiency Plan Completion of Training and Rating Scale of the Assistant in Speech-Language Pathology Form.(be sure to include the number of hours.)
- 2. Supervision Logs should be kept by the supervisor to verify the date the hours were acquired and should include a brief description of the training that was conducted during each session and comments on the assistant's performance. The logs are only submitted if selected for supervision audit.

AFTER THE TRAINING HAS BEEN COMPLETED:

- 1. The supervisor and the assistant must complete and sign and submit the Clinical Deficiency Plan Completion of Training and Rating Scale of the Assistant in Speech-Language Pathology Form.
- 2. Please note Supervision Logs will only need to be submitted if selected for supervision audit.

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 Applicant

Date

Signature of Supervisor

Date