



**Texas Department of Licensing and Regulation**

PO Box 12057 • Austin, Texas 78711-2157

(800) 803-9202 • (512) 463-6599 • FAX (512) 475-2871

www.tdlr.texas.gov • cs.speech@tdlr.texas.gov

**REPORT OF COMPLETED TRAINING FOR AN ASSISTANT IN AUDIOLOGY INSTRUCTIONS**

All information provided must be typed or printed in **black ink**.

1. ASSISTANT'S NAME – Write your legal name in the spaces provided. (Last Name, First Name, Middle Initial, Suffix) Examples of a suffix include Jr., Sr., and II. (Mr. is not a suffix.)
2. ASSISTANT'S LICENSE NUMBER – Give the license number of the Assistant in Audiology.
3. SUPERVISOR'S NAME - Write your legal name in the spaces provided. (Last Name, First Name, Middle Initial, Suffix) Examples of a suffix include Jr., Sr., and II. (Mr. is not a suffix.)
4. SUPERVISOR'S LICENSE NUMBER - Give the license number of the Supervising Audiologist.
5. CLINICAL ASSISTING EXPERIENCE HOURS – Indicated the hours and competency achieved by the Audiology Assistant in the areas trained.
6. SUPERVISOR IN AUDIOLOGY - Indicate Yes or No questions listed.
7. LICENSED ASSISTANT IN AUDIOLOGY AND SUPERVISING AUDIOLOGIST SIGNATURE AND DATE – Sign and Date the form.



**REPORT OF COMPLETED TRAINING FOR AN ASSISTANT IN AUDIOLOGY**

DO NOT WRITE ABOVE THIS LINE

All information provided must be typed or printed in **black ink**.

1. Assistant's Name: (please print)

2. License Number:

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Initial

3. Supervisor's Name: (please print)

4. License Number:

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Initial

5. Clinical assisting experience hours:

I, the supervisor, certify that I have provided 100%, direct line-of-sight supervision of the job-specific competency-based training that is required of the assistant in audiology, and that the assistant named above is able to perform all tasks competently for which the assistant has been trained.

I, the supervisor, certify the licensed assistant worked solely with my assigned cases under 100% direct line-of-sight supervision.

Training Areas	Number of hours trained	Check if competency achieved
Basic audiology screening procedures (pure tone screening, optoacoustic emissions screening, immittance screening, or screening ear canal status with an otoscope)		<input type="checkbox"/>
Maintaining clinical records.		<input type="checkbox"/>
Preparing clinical materials.		<input type="checkbox"/>
Perform preventative maintenance checks and safety checks of equipment.		<input type="checkbox"/>
Biologic and electroacoustic calibration of audiometric equipment.		<input type="checkbox"/>
Hearing aid and earmold maintenance.		<input type="checkbox"/>
Electrode placement and patient preparation.		<input type="checkbox"/>
Case history and/or self-assessment forms.		<input type="checkbox"/>
Play audiometry, visual reinforcement audiometry, and picture-pointing speech audiometry.		<input type="checkbox"/>
Assisting in the evaluation of difficult-to-test-patients.		<input type="checkbox"/>
Test room preparation		<input type="checkbox"/>
<b>Additional training in areas not excluded in 111.90 below (Attach additional sheets if required)</b>		
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

**NOTE: 111.90 Requirements of an Assistant in Audiology License**  
 TDLR may audit a random sampling of licensed assistants for compliance with this section and 111.90 of this title (relating to Requirements, Duties and Responsibilities of Supervisors).

6. Supervisor in Audiology:

- A. I certify that I trained this assistant in accordance with 111.90 of the agency rules, and I followed the agreement stated in the Supervisor Responsibility Statement.  Yes  No
- B. I certify that I have maintained supervision logs and I am aware that I may be randomly audited, as per 111.90.  
**(Please note logs are submitted only if you are selected for supervision audit.)**  Yes  No
- C. I certify that this licensed assistant has successfully completed the specified training with 100%, direct, line-of-sight supervised training.  Yes  No
- D. This licensed assistant has successfully completed the specified training.  
**(If No, please submit reason on separate paper.)**  Yes  No

7. Assistant in Audiology and Supervising Audiologist Signature and Date:

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 Licensed Assistant

\_\_\_\_\_  
Signature of Supervising Audiologist

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date