



AUDIOLOGY
INTERN PLAN AND AGREEMENT OF SUPERVISION INSTRUCTIONS

All information provided must be typed or printed in **black ink**. The applicant should return the completed form with the rest of the completed application to the address at the top of this page.

1. **INTERN'S NAME** - Write the intern'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.)
2. **INTERN'S TEXAS LICENSE # AND/OR SOCIAL SECURITY NUMBER** – If you currently hold an Intern in Audiology license, indicate your Texas Intern in Audiology license number **and** your social security number (SSN). If you **do not** currently have a Texas Intern in Audiology 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 at:
www.oag.state.tx.us/child/index or call (512) 460-6000 or (800) 252-8014
3. **PROPOSED SUPERVISOR'S NAME** – Write 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 #** - Write the proposed supervisor's Audiology Texas license number.
5. **SUPERVISOR'S EMAIL ADDRESS** – Write 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. **APPLICABLE BOX - Initial Intern in Audiology License** – Those who have never held an Intern in Audiology license in Texas. **Change in Supervisor** - 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 Assistant in Speech-Language Pathology.
8. **EMPLOYER ADDRESS:** - List where the Intern in Audiology shall be supervised
9. **INTERN PLAN** – Answer if the plan will fulfill the minimum required 1,600 hours.
10. **STATEMENT OF INTERN AND SUPERVISOR** – Carefully read the terms and sign and date the form.

Intern in Audiology Plan:

Must consist of 1,600 hours of supervised clinical work. The internship shall begin after completion of all academic course work; and involve primarily clinical activities such as assessment, diagnosis, evaluation, screening, treatment, report writing, family/client consultation, and/or counseling related to the management process of individuals.

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

- (a) A licensee 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; (c) A department-approved supervisor of an intern in speech-language pathology must possess at least a master's degree with a major in one of the areas of communicative sciences or disorders; (d) A department-approved supervisor of an intern in audiology must possess either:
 - (1) at least a master's degree with a major in one of the areas of communicative sciences or disorders, if the department-approved supervisor applied for the audiology license before September 1, 2011; or
 - (2) at least a doctoral degree in audiology or a related hearing science, if the department-approved supervisor applied for the audiology license on or after September 1, 2011.

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 §111.80(e)(2), all supervisors are held to the same level of responsibility for the work of the named intern. On a separate sheet of paper include how the Intern Plan will be divided between the supervisors.



AUDIOLOGY INTERN PLAN AND AGREEMENT OF SUPERVISION

DO NOT WRITE ABOVE THIS LINE			
All information provided must be typed or printed in <u>black ink</u>. Form can be submitted by: Email, Fax or Mail			
INTERN'S INFORMATION			
1. Intern Name:		2. Intern License# and/or Social Security#:	
Last Name	First Name	Middle Name	(See Instruction Sheet for Disclosure Information)
SUPERVISOR'S INFORMATION			
3. Proposed Supervisor's Name:			
Last Name	First Name	Middle Name	Suffix
4. Supervisor's Texas License #:	5. Supervisor's Email:		
PLEASE CHECK APPLICABLE BOX			
6. Check one, <i>please see instruction sheet to determine which is applicable:</i>			
<input type="checkbox"/> Initial AUD Intern License	<input type="checkbox"/> Change of Supervisor	<input type="checkbox"/> Additional Supervisor	
7. Other Current Supervisor(s) Name & License # to be REMOVED (<i>please see instruction sheet</i>)			
Employer: The Intern shall be supervised at the following location			
8. Check One, <i>please see instruction sheet to determine which is applicable:</i>			
<input type="checkbox"/> Initial Employer	<input type="checkbox"/> Additional Employer/Site Only	<input type="checkbox"/> Change of Employer Only	
Employer Address:			
(Number, Street Name/Apartment Number)			
City	State	Zip Code	
9. Intern Plan - Will this plan fulfill the minimum required 1,600 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No			
10. TERMS OF CONTRACT			
<p>For the Intern in Audiology: I certify that I will not begin to practice until my intern license has been issued. I certify that I have checked and found my supervisor holds a current Texas audiology license. I certify that If I change supervisors, I will submit a current Intern Plan and Agreement of Supervision form, and I will not resume practice until I receive approval from the licensing department. I certify that I understand that I must apply for full licensure within 30 days of completion of my full time supervised professional experience.</p> <p>For the Proposed Supervisor of the Intern in Audiology: I will not allow this intern to practice until I have verified that the intern holds a current valid intern license and I am the Intern's APPROVED supervisor. I agree to accept responsibility for the services to the client that may be performed by this intern. I understand that my license is subject to disciplinary action if any of the above is violated.</p> <p>After the Proposed Supervisor(s) and the Intern Review Department Rules 111 Subchapter P, Responsibilities of The Licensee and Code of Ethics, and §111.80, Licensing Requirements, <u>each supervisor</u> who agrees to accept responsibility for all services provided by the following individual (who is licensed or seeking a license as an Audiologist) must be listed on the completed <i>Intern Plan and Agreement for Audiology Form</i>.</p>			

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

Signature of Supervisor

Date

Date