SPEECH-LANGUAGE PATHOLOGY
REPORT OF COMPLETED INTERNSHIP FORM INSTRUCTIONS

All information provided must be typed or printed in black ink. 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** - Write 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** – 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 Texas Speech-Language Pathologist license number.

5. **SUPERVISOR’S EMAIL ADDRESS** – By providing my email address I authorize TDLR to sending 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 STATE DATE** - Provide initial date of when the intern’s internship began.

7. **INTERNSHIP END DATE** – Provide date of 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 PER WEEK** – Indicate the number of hours worked per week.

11. **LIST OF DATES INTERN DID NOT PRACTICE** – List the dates of any time the intern did not practice the number of hours per week within the program approved intern plan.

12. **FOR SUPERVISOR** – Please answer all questions indicated.

13. **INTERN’S AND SUPERVISOR’S STATEMENT** – Please read carefully and have intern and supervisor sign.

**Reminder**

This form must be completed within 30 days of completion of internship hours. Disciplinary action may be taken against the intern and supervisor(s) if the Report of Completed Internship is not submitted within this timeframe. A separate report must be completed and emailed to the department for each component of the internship which involved a change of supervisor.

Both intern and supervisor must complete and sign this report. Each supervisor listed on the Intern Plan and Agreement of Supervision must submit this form. If you change sites, please email the change to the program’s email listed above.

Please review to be sure all information is completed correctly. Incomplete forms will be returned and may delay your approval.
# SPEECH-LANGUAGE PATHOLOGY REPORT OF COMPLETED INTERNSHIP FORM

**DO NOT WRITE ABOVE THIS LINE**

All information provided must be typed or printed in **black ink**. Form can be submitted by: Email, Fax or Mail

## INTERN INFORMATION

1. Intern Name:  
2. Intern License #:  

## SUPERVISOR INFORMATION

3. Supervisor’s Name:  
4. Supervisor’s Texas License #:  
5. Supervisor’s Email:  Ex: johndoe@aol.com See Instruction Sheet for Disclosure Information

## DATES / HOURS COVERED

6. Internship Began Date:  
7. Internship Ended Date:  
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 of any time the intern did not practice the number of hours per week established in the program approved Intern Plan:

## FOR THE SUPERVISOR IN SPEECH-LANGUAGE PATHOLOGY

- This internship included no fewer than 36 clock hours of supervisory activities, including 18 on-site observations of the intern’s direct contact with clients at the work site in which the intern provided screening, evaluation, assessment, habilitation, and rehabilitation; and 18 other monitoring activities which may include correspondence, video tape review, evaluation of written reports, phone conferences with the intern, and evaluations by professional colleagues.  
  - Yes  
  - No  
  (If no, attach explanation.)

- This internship was divided into three equal segments (1/3 the length of the internship), with no fewer than 6 hours per segment of face-to-face on-site observations of the intern’s contact with clients and 6 hours per segment of other monitoring activities.  
  - Yes  
  - No  
  (If no, attach explanation.)

- I certify that if alternative methods of supervision were used during the internship; approval of these methods was requested in writing and they were approved as part of the board-approved Intern Plan.  
  - Yes  
  - No  
  (If yes, attach documentation of methods used.)

- I certify that I supervised this intern in accordance with 16 T.A.C., §111.40 of the Program Rules, and I followed the agreement stated in the pre-approved Intern Plan and Agreement of Supervision.  
  - Yes  
  - No

- I certify that each segment of this internship (or portion of internship), §111.40(k), 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 THIS INTERNSHIP (OR PORTION OF INTERNSHIP) AS REPORTED ON THIS FORM BE APPROVED BY THE PROGRAM TOWARDS MEETING THE REQUIREMENTS FOR A LICENSE.**  
  - Yes  
  - No

- **I WILL CONTINUE TO SUPERVISE THIS INTERN.**  
  - Yes  
  - No  
  (If no, this form MUST be emailed or faxed by the supervisor to ensure that the supervisor has been removed as supervisor of this Intern.)

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TDLR Form SPA015 rev October 2017
TERMS OF CONTRACT

Intern in Speech Language Pathology Plan: I certify that I read and followed §111.155, Code of Ethics, and §111.40, Requirements for an Intern in Speech-Language Pathology License. I certify that I will not begin to practice until my license is issued and I am approved by the program office to work under the supervision of the above supervisor who holds a current Texas Speech-Language Pathology license. I certify that I have read and discussed this Report with my Intern Supervisor. I certify 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 certify that at least 80% of the internship week was in direct client contact (assessment / diagnosis / evaluation, screening, habilitation / rehabilitation) and activities related to client management. I certify that I MUST apply for full licensure with the State of Texas WITHIN 30 DAYS OF COMPLETING MY SUPERVISED PROFESSIONAL EXPERIENCE, per §111.40(n)(1), if I wish to continue to practice in Texas. §111.40(o) if the intern holds a valid license, the intern may continue to practice under supervision for up to 30 days after the board office receives the report of completed internship form.

For the Supervisor of the Intern in Speech-Language Pathology: 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 "Ending Date of Internship" as shown on the Report of Completed Internship Form until the intern is fully licensed or registered. §111.40(o) IF THE INTERN HOLDS A VALID LICENSE, THE INTERN MAY CONTINUE TO PRACTICE UNDER SUPERVISION FOR UP TO 30 DAYS AFTER THE BOARD OFFICE RECEIVES THE REPORT OF COMPLETED INTERNSHIP FORM.

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.

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