



**CLINICAL OBSERVATION AND EXPERIENCE FORM FOR SPEECH-LANGUAGE
PATHOLOGY ASSISTANT**

**TO BE COMPLETED BY COLLEGE/UNIVERSITY PROGRAM DIRECTOR OR
APPROVED COLLEGE/UNIVERSITY DESIGNEE**

Rule §111.50(a)(3) requires the applicant for the assistant license to have earned at least 25 hours of clinical observation and 25 hours of clinical experience within an educational institution or in one of the its cooperating programs. An assistant is an individual who possesses a baccalaureate degree with an emphasis in speech-language pathology and who may only practice under supervision.

- 1) STUDENT'S NAME – Write your 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) STUDENT'S SOCIAL SECURITY # - Social security number 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) COLLEGE OR UNIVERSITY NAME – Give the name of the COLLEGE OR UNIVERSITY.
- 4) HOURS EARNED – Indicate the number of hours earned in speech-language pathology, indicate "0" if non accrued.
- 5) PROGRAM DIRECTOR OR DIRECTOR DESIGNEE STATEMENT – Print name, signature and date of the college/university program director or designee.



Texas Department of Licensing and Regulation
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 FOR SPEECH-LANGUAGE PATHOLOGY ASSISTANT**

DO NOT WRITE ABOVE THIS LINE

**TO BE COMPLETED BY COLLEGE/UNIVERSITY PROGRAM DIRECTOR OR
 APPROVED COLLEGE/UNIVERSITY DESIGNEE**

Rule §111.50(a)(3) requires the applicant for the assistant license to have earned no fewer than twenty-five (25) hours of clinical observation in the area of speech-language pathology and twenty-five (25) hours of clinical assisting experience in the area of speech-language pathology obtained within an educational institution or in one of its cooperating programs or under the direct supervision at their place of employment.

1. Name of Student:

Last Name

First Name

Middle Name

2. Student Social Security #: _____

(See Instruction Sheet for Disclosure Information)

3. Name of College/University:

4. Indicate below the number of hours earned in speech-language pathology (**Enter "0" if none accrued.**)

Note: All hours must be earned in the same professional area for which the applicant is applying

Clinical Observation:

Number of clock hours earned

Clinical Experience:

Number of clock hours earned

5. Program Director or Director Designee:

Print Name

Signature

Date