



**ASSISTANT IN AUDIOLOGY
SUPERVISORY RESPONSIBILITY STATEMENT (SRS) FORM 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. ASSISTANT'S NAME - Write the assistant'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. ASSISTANT'S TEXAS LICENSE # AND/OR SOCIAL SECURITY NUMBER – If you currently hold an Assistant in Audiology license, indicate your Texas Assistant in Audiology license number **and** your social security number (SSN). If you do not currently have a Texas Assistant 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 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 # - Write the proposed supervisor's Texas Audiology 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 Assistant in Audiology License** – Those who have never held an Assistant in Audiology license in Texas. **Change of 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 Audiology.
8. EMPLOYER ADDRESS: - List where the assistant shall be supervised
9. TRAINING AREAS - Indicate the total number of hours of Job Specific Competency Based Training Plan.
10. STATEMENT OF APPLICANT/ASSISTANT AND SUPERVISOR - Carefully read the statement before dating and signing your application.

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.
- (e) A department-approved supervisor of an intern or assistant shall:
 - (1) ensure that all services provided are in compliance with this chapter and the Act, such as verifying:
 - (A) the intern or assistant holds a current license;
 - (B) the supervisor has been approved by the department;
 - (C) the scope of practice is appropriate; and
 - (D) the intern or assistant is qualified to perform the procedure;
 - (2) be responsible for all client services performed by the intern or assistant;
 - (3) provide appropriate supervision after the department approves the supervisory agreement; and
 - (4) comply with the following supervision ratios:
 - (A) supervise no more than a total of four (4) speech-language pathology interns and/or assistants;
 - (B) supervise no more than a total of four (4) audiology interns and/or assistants, if an assistant holds a baccalaureate degree; or**
 - (C) supervise no more than a total of two (2) audiology interns and/or assistants, if an assistant holds a high school diploma or equivalent.**



**ASSISTANT IN AUDIOLOGY SUPERVISORY
 RESPONSIBILITY STATEMENT (SRS) 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

ASSISTANT'S INFORMATION

1. Assistant's Name:	2. Assistant's License # or Social Security #:			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black;">Last Name</td> <td style="width: 33%; border-bottom: 1px solid black;">First Name</td> <td style="width: 33%; border-bottom: 1px solid black;">Middle Name</td> </tr> </table>	Last Name	First Name	Middle Name	(See Instruction Sheet for Disclosure Information)
Last Name	First Name	Middle Name		

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 Assistant in Audiology License	<input type="checkbox"/> Change of Supervisor	<input type="checkbox"/> Additional Supervisor
7. Other Current Supervisor(s) Name & License # be REMOVED (<i>please see instruction sheet</i>)		

Employer: The assistant shall be supervised at the follow location

8. Employer Address:		
(Number, Street Name/Apartment Number)		
City	State	Zip Code

9. Training Areas (Job Specific Competency Based Training Plan (total hours planned must = 25 hours or more):	# of hours planned
Basic audiology screening procedures (pure tone screening, optoacoustic emissions screening, immittance screening or screening ear canal status with an otoscope)	
Maintaining clinical records	
Preparing clinical materials	
Perform preventative maintenance checks and safety checks of equipment	
Biologic and electroacoustic calibration of audiometric equipment	
Hearing aid and earmold maintenance	
Electrode placement and patient preparation	
Case history and/or self-assessment forms	
Play audiometry, visual reinforcement audiometry, and picture-pointing speech audiometry	
Assisting in the evaluation of difficult-to-test patients	

Test room preparation	
Additional training in areas not excluded in 111.90(f)(5): List below (attach additional sheet if needed)	
10. STATEMENT OF APPLICANT/ASSISTANT AND SUPERVISOR	
<p>For the Assistant in Audiology: If I change supervisors, my new supervisor and I will submit a new Supervisory Responsibility Statement (SRS) form. I also understand that I may not practice until the department has approved a new supervisor. I also understand that without approval, disciplinary action shall be imposed. I certify that I understand that I DO NOT have a caseload; I help manage only my approved supervisor's caseload.</p> <p>For the Proposed Supervisor of the Assistant in Audiology: I agree that this assistant will not be allowed to practice until it has been verified that the assistant holds a current valid license, this form has been submitted, approved, and I have verified the online approval. I also agree to inform the department immediately, in writing, by email or fax when supervision has ceased. I agree to be on-site at the licensed assistant in audiology's employment location for at least ten (10) hours per week, or forty (40) hours per month, and provide at least one (1) hour per week or four (4) hours per month of direct supervision, at the location where the assistant is employed. However, the licensed audiologist department-approved supervisor shall be on-site and provide direct supervision for the duties described under subsections (f)(4)(A) - (D). This paragraph applies whether the licensed assistant in audiology is employed full- or part-time. For the purposes of this paragraph, the telehealth and tele practice provisions described under §111.215 may be used except for duties described under subsections (f)(4)(A) - (D) where the department-approved supervisor must be on-site and provide direct supervision. When determining the amount and type of supervision, the department-approved supervisor must consider the skill and experience of the licensed assistant as well as the services to be provided. The supervision hours established in this paragraph may be exceeded as determined by the department-approved supervisor. I agree to supervise no more than a total of four (4) audiology interns and/or assistants, if an assistant holds a baccalaureate degree; or supervise no more than a total of two (2) audiology interns and/or assistants, if an assistant holds a high school diploma or equivalent.</p> <p>After the Proposed Supervisor(s) and the Assistant Review Department Rules 111 Subchapter P, Responsibilities of The Licensee and Code of Ethics, and §111.90, 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 assistant) must be listed on the completed <i>Supervisory Responsibility Statement (SRS) for Assistant in Audiology Form</i>.</p> <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.</p>	
_____ Signature of Supervisee	_____ Signature of Supervisor
_____ Date	_____ Date