



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 INTERNSHIP IN AUDIOLOGY 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 intern's 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 Speech-Language Pathologist Texas license number
5. SUPERVISOR'S EMAIL ADDRESS - Write the supervisor's email address. Please provide your 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. INTERNSHIP START 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. INTERNSHIP CLINICAL HOURS - Provide number of clinical hours completed.
10. CERTIFICATION OF INTERN PLAN - Check Yes or No the Intern Plan and Agreement of Supervision, previously submitted and approved, was followed in accordance with the program rules 111.80.
11. APPROVAL OF INTERNSHIP - Check Yes or No if you recommend approval of internship hours.
12. CONTINUE TO SUPERVISE THE INTERN - Please answer if you will continue to supervise the Intern while awaiting full licensure.
13. STATEMENT OF INTERN AND SUPERVISOR - Carefully read the statement before dating and signing your application.

Reminder

Both intern and supervisor must complete this report. A separate report must be completed and emailed to the program for each component of the internship which involved a change of supervisor. Each supervisor 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.



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**REPORT OF COMPLETED INTERNSHIP
 IN AUDIOLOGY**

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'S INFORMATION	
1. Intern's Name:	2. Intern's License #:
SUPERVISOR'S INFORMATION	
3. Supervisor's Name:	4. Supervisor's Texas License #:
5. Supervisor's Email:	
DATES COVERED	
6. Internship Began Date:	7. Internship Ended Date:
FOR THE SUPERVISOR IN AUDIOLOGY	
8. Total number of weeks completed: _____	9. This Internship included _____ number of clinical hours.
10. I certify that I Supervised this intern in accordance with 16 T.A.C., 111.80 of the program rules, and I followed the agreement stated in the Intern Plan and Agreement of Supervision previously submitted and approved.	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. I WILL CONTINUE TO SUPERVISE THIS INTERN: Note: Once the internship has been completed (and the intern license remains valid), an intern may continue to practice under supervision with the intern license while awaiting full licensure.	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. SUPERVISOR'S 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 Supervisee	Signature of Supervisor
Date	Date