



ASSISTANT IN SPEECH-LANGUAGE PATHOLOGY CLINICAL DEFICIENCY PLAN 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 your 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 SOCIAL SECURITY NUMBER – 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. PROPOSED SUPERVISOR'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.)
4. SUPERVISOR'S TEXAS LICENSE # - Write the proposed supervisor's Speech-Language Pathologist 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. CLINICAL OBSERVATION - Indicate the clinical observation training that will be conducted.
7. CLINICAL ASSISTING EXPERIENCE – Indicate the hours that will be completed, and check all areas that apply.
8. STATEMENT OF APPLICANT AND SUPERVISOR - Carefully read the statement before dating and signing your application.

Guide to the Clinical Deficiency Plan

An applicant who has not acquired the twenty-five (25) hours of clinical observation and twenty-five (25) hours of clinical experience referenced in subsection (a)(3), shall not meet the minimum qualifications for the assistant license. These hours must be obtained through an accredited college or university, or through a Clinical Deficiency Plan. In order to acquire these hours, the applicant shall first obtain the assistant license by submitting the forms, fees, and documentation referenced in §111.55 and include the prescribed Clinical Deficiency Plan to acquire the clinical observation and clinical assisting experience hours lacking.

(1) The licensed speech-language pathologist who will provide the applicant with the training to acquire these hours must meet the requirements set out in the Act and §111.154 and shall submit:

- (A) the Supervisory Responsibility Statement Form; and
- (B) the prescribed Clinical Deficiency Plan.

(2) The department shall evaluate the documentation and fees submitted to determine if the assistant license shall be issued. Additional information or revisions may be required before approval is granted.

(3) The Clinical Deficiency Plan shall be completed within sixty (60) days of the issue date of the assistant's license or the licensed assistant must submit a new plan.

(4) Immediately upon completion of the Clinical Deficiency Plan, the licensed speech-language pathologist identified in the plan shall submit:

- (A) a supervision log that verifies the specific times and dates in which the hours were acquired with a brief description of the training conducted during each session;
- (B) a rating scale of the licensed assistant's performance; and
- (C) a statement or information that the licensed assistant successfully completed the clinical observation and clinical assisting experience under his or her 100% direct, in person supervision. This statement shall specify the number of hours completed and verify completion of the training identified in the Clinical Deficiency Plan.

DEFICIENCY PLAN:

OBSERVATION: Twenty-five hours of observation must be of actual practice by a licensed Speech-Language Pathologist. The observation should have a preparation period where the assistant will be informed of the goals and procedures for each session. A log of observation is required.

ASSISTING EXPERIENCE: Twenty-five hours of clinical assisting experience must include actual treatment experience and must be face-to-face interaction defined or prescribed by the license speech-language pathology supervisor. **The supervision will be 100% face-to-face supervision of the sessions with appropriate logs.**

The assistant must be provided with experience consistent with the role of assisting the fully licensed professional in the performance of his/her professional role, not of independent function. The assistant should have a clear idea of what he/she is licensed to do, and is limited in doing. The assistant must understand the ethical and legal responsibilities of an assistant defined by the Act and Department Rules.

Clinical observation and clinical assisting experience must be designed and provided by the licensed speech-language pathologist (**supervisor**). **The supervisor must complete and submit the Supervisory Responsibility Statement for Assistant Form to the Department and receive approval before allowing the assistant to acquire the hours.** (Note: The supervisor for an assistant in speech-language pathology must be a licensed speech-language pathologist in Texas).

The Department may ask for future information or revisions before approving or disapproving the plan.

(Note: The plan must be approved by the department staff and the applicant's license issued before any observation or clinical assisting experience clock hours may begin.) There will be no exceptions.



**ASSISTANT IN SPEECH-LANGUAGE PATHOLOGY
 CLINICAL DEFICIENCY PLAN**

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

4. Assistant's Name:

_____ Last Name _____ First Name _____ Middle Name

5. Assistant's Social Security Number: (See Instruction Sheet for Disclosure Information)

SUPERVISOR'S INFORMATION

1. Proposed Supervisor's Name:

_____ Last Name _____ First Name _____ Middle Name _____ Suffix

2. Supervisor's Texas License #: _____ 3. Supervisor's Email: _____

TRAINING

6. **Clinical Observation** Training must be conducted under 100% face-to-face supervision by the proposed licensed supervisor named above: Describe the training that will be provided: (Check the boxes that apply and give number of hour).

Clinical Observation for _____ hours. Therapy Other: (List other training methods below)

7. **Clinical Assisting Experience** for _____ hours (Check all areas in which you will train the assistant)

- Conduct or participate in speech, language, and/or hearing screening;
- Implement the treatment program or the individual education plan (IEP) designed by the licensed speech-language pathologist department-approved supervisor;
- Provide carry-over activities which are the therapeutically designed transfer of a newly acquired communication ability to other contexts and situations;
- Collect Data;
- Administer routine test as defined by the Department;
- Maintain clinical records;
- Prepare Clinical records;
- Participate with the licensed speech-language pathologist in research projects, staff development, public relations programs, or similar activities as designed and supervised by the licensed speech-language pathologist define the activity on a separate sheet of paper; and
- Write lesson plans based on the therapy program developed by the licensed speech-language pathologist department-approved supervisor. The lesson plans shall be reviewed and approved by the licensed speech-language pathologist department-approved supervisor.

Describe where the training will occur and length of sessions: (List information on additional sheets if necessary)

TERMS OF CONTRACT

The plan must be approved by the department and the license issued before ANY observation or clinical assisting experience clock hours may begin.

The Clinical observation hours and/or clinical assisting experience must be completed in accordance with the Department approved plan within 60 days of the effective date of the license. If a change in the plan is necessary, the revised plan must be submitted to the department and approval granted before the training may begin. The revised plan must be completed within the original 60-day time period. Otherwise, the assistant's license shall be voluntarily surrendered and the assistant will be required to reapply for the license. ***There will be no exceptions.***

COMPLETION DOCUMENTATION:

After the assistant's clinical deficiency plan is approved, the supervisor may download the forms from the Clinical Deficiency Plan section of the department's website. Please use the department's prescribed forms.

1. Supervision Logs that verify the date the hours were acquired, a brief description of the training that was conducted during each session, and comments on the assistant's performance. (The logs are only submitted if selected for supervision audit.)
2. Clinical Deficiency Plan Completion of Training and Rating Scale of the Assistant in Speech-Language Pathology Form. (Be sure to include the number of hours.)

AFTER THE TRAINING HAS BEEN COMPLETED:

1. The supervisor and the assistant must complete and sign and submit the Clinical Deficiency Plan Completion of Training and Rating Scale of the Assistant in Speech-Language Pathology Form.
2. The Clinical Deficiency Plan Completion of Training and Rating Scale of the Assistant in Speech-Language Pathology Form must be submitted to the department.
3. Please note Supervision Logs will only need to be submitted if selected for supervision audit.

IF DOCUMENTATION IS NOT RECEIVED WITHIN 60 DAYS OF THE ISSUE DATE OF THE ASSISTANT'S LICENSE, THE LICENSE SHALL BE CONSIDERED VOLUNTARILY SURRENDERED.

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