



TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

www.tdlr.texas.gov

ASSISTANT IN SPEECH-LANGUAGE PATHOLOGY CLINICAL DEFICIENCY PLAN COMPLETION OF TRAINING AND RATING SCALE 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.

Clinical Deficiency Plan cannot begin until the Assistant license has been issued.

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.texasattorneygeneral.gov/child-support 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. **PROPOSED SUPERVISOR'S TEXAS LICENSE #** – Write the proposed supervisor's Speech-Language Pathologist Texas license number
5. **PROPOSED 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. **SUPERVISOR CLINICAL OBSERVATION** – Place a check in the box of the type of training and the number of clinical hours the licensed assistant observed the supervisor.
7. **SUPERVISOR CLINICAL ASSISTING EXPERIENCE** – Indicate the hours you provided direct in-person supervision for the licensed assistant and check all areas that apply.
8. **SUPERVISOR'S STATEMENT** – Carefully read the statements and check yes or no. If no, please provide additional information.
9. **LICENSED ASSISTANT AND SUPERVISING SPEECH-LANGUAGE PATHOLOGIST STATEMENT** –
Supervising speech-language pathologist and licensed assistant both sign and date the form.

Clinical Deficiency Plan cannot begin until the Assistant license has been issued.

§111.50 ASSISTANT IN SPEECH LANGUAGE PATHOLOGY LICENSE - LICENSING REQUIREMENT

- (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.

SEND YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:

Texas Department of Licensing and Regulation
P.O. Box 12157
Austin, TX 78711-2157

Documents submitted with your application will not be returned. Keep a copy of your completed application, all attachments, and you check or money order. Do not send cash.

For additional information and questions, please visit the Texas Department of Licensing & Regulation website at <https://www.tdlr.texas.gov> or reach Customer Service via webform where you can submit your request for assistance and include attachments as needed at <https://www.tdlr.texas.gov/help>. Customer Service can also be reached at (800) 803-9202 [in state only], (512) 463-6599, Relay Texas-TDD: (800) 735-2989 or Fax: (512) 463-9468. Customer Service Representatives are available Monday through Friday 7:00 a.m. until 6:00 p.m. Central Time (excluding holidays).



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ASSISTANT IN SPEECH-LANGUAGE PATHOLOGY CLINICAL DEFICIENCY PLAN COMPLETION OF TRAINING AND RATING SCALE APPLICATION

All information provided must be typed or printed in **black ink**.

Form can be submitted by: Email, Fax or Mail

Clinical Deficiency Plan cannot begin until the Assistant license has been issued.

ASSISTANT'S INFORMATION

1. Assistant's Name:

_____ Last Name

_____ First Name

_____ Middle

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

SUPERVISOR'S INFORMATION

1. Supervisor's Name:

_____ Last Name

_____ First Name

_____ Middle Name

_____ Suffix

2. Supervisor's Texas License #:

3. Supervisor's Email:

TRAINING

6. Supervisor Clinical Observation

I certify that this licensed assistant observed me for _____ hours while I conducted: (mark the appropriate box)

Therapy Other: (List other training methods below)

7. Supervisor Clinical Assisting Experience

I certify that I have provided 100%, direct in-person supervision for this licensed assistant to acquire _____ hours of clinical assisting experience as evidenced on the *Clinical Deficiency Plan Supervision Log*.

I certify the licensed assistant worked solely with my assigned cases indicated below:

Areas of Clinical Assisting Experience	Received Training (Y/N)	Performance Rating 4 = Excellent 3 = Good 2 = Fair 1 = Poor
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 pathology supervisor;		
Provide carry-over activities which are the therapeutically designed transfer of a newly acquired communication ability to other contexts and situations;		
Collect data when administering routine tests if the test developer does not specify a graduate degreed examiner and the supervising speech-language pathologist has determined the licensed assistant is competent to perform the test; [refer to §111.50(g)(4) (A-B)]		
Maintain clinical records;		
Prepare clinical materials;		
Participate with the licensed speech-language pathology supervisors' research projects, staff development, public relations programs, or similar activities as designated and supervised by the licensed speech-language pathologist;		
Write lesson plans based on the therapy program developed by the supervising speech-language pathologist. The lesson plans shall be reviewed and approved by the supervising speech-language pathologist.		

8. SUPERVISOR'S STATEMENT

- I certify that I supervised this assistant in accordance with 11 T.A.C., **§111.154-111.155 and §111.50** of the Rules, and I followed the agreement stated in the pre-approved Clinical Deficiency Plan. Yes No
- I certify that I have maintained supervision logs as per Clinical Deficiency Plan and that I am aware that I may be randomly audited, as per **§111.50**.
(Please note logs are submitted **only** if you are selected for supervision audit.) Yes No
- I certify that this licensed assistant has successfully completed the specified training with 100%, direct in-person supervised training. Yes No
- This licensed assistant has successfully completed the specified training with a 100% direct in person face-to-face supervision. (If, no, please submit reason on separate paper.) Yes No

9. 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 Licensed Speech-Language Pathology Assistant

Signature of Supervising Speech-Language Pathologist

Date

Date