



Texas Department of Licensing and Regulation

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**TEMPORARY CERTIFICATE OF REGISTRATION IN AUDIOLOGY
TEMPORARY SUPERVISORY 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. TEMPORARY CERTIFICATE HOLDER'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. 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. PREVIOUS INTERN IN AUDIOLOGY LICENSE # - Write the number of your previous Texas intern in audiology license.
4. PROPOSED 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.)
5. SUPERVISOR'S TEXAS LICENSE # - Write the proposed supervisor's Texas audiology license number.
6. 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.
7. EMPLOYER ADDRESS: - List where the Temporary Certificate holder shall be supervised.
8. POSSESS A PROFESSIONAL LICENSE, OR CERTIFICATE, OR REGISTRATION ISSUED BY ANOTHER STATE, JURISDICTION OR TERRITORY - Indicate by checking box Yes or No. If yes, a license verification form must be completed by the state regulatory agency in each state from which you hold or ever held a license to practice. Give license or certificate number(s), title(s), and the name(s) and address (s) of the jurisdiction(s) issuing the license(s), or certificate(s), or registration(s).
9. DISCIPLINARY ACTION HISTORY – Indicate if you have ever had a professional license, certification, or registration suspended, canceled, revoked, or denied in any state. If you have, complete and attach a Disciplinary Action Questionnaire for each disciplinary action. This form can be obtained from the TDLR website at [www.tdlr.texas.gov/misc/Disciplinary Action Questionnaire.pdf](http://www.tdlr.texas.gov/misc/Disciplinary_Action_Questionnaire.pdf).
10. VOLUNTARILY SURRENDERED ANY PROFESSIONAL LICENSE, OR CERTIFICATE, OR REGISTRATION – Indicate by checking the box Yes or No. If yes, briefly describe.
11. CRIMINAL HISTORY – Indicate if you have ever been convicted of, or placed on deferred adjudication for, any Misdemeanor or Felony, other than a minor traffic violation. If YES, complete and attach a Criminal History Questionnaire for each offense. This form can be obtained from the TDLR website at www.tdlr.texas.gov/MISC/lic002.pdf.
If you are worried your criminal history could prevent you from getting this license, Texas allows you to have your criminal history evaluated before submitting your application and non-refundable fees. To request a criminal history evaluation, submit a Criminal History Evaluation Letter, a completed Criminal History Questionnaire form for each crime you were convicted of, or placed on deferred adjudication for, and a \$25 fee. You can find more information on the process and download the necessary forms on the TDLR website at www.tdlr.texas.gov/crimHistoryEval.htm.
12. STATEMENT OF APPLICANT AND SUPERVISOR - Carefully read the statement before dating and signing your application.
Reminder: Rule 111.154 Requirements, Duties, and Responsibilities of Supervisors
 - (a) A license 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.
 - (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.

APPLICATION INFORMATION FOR MILITARY SERVICE MEMBERS, MILITARY VETERANS AND MILITARY SPOUSES

The Texas Department of Licensing and Regulation recognizes the contributions of our active duty military service members, their spouses, and veterans. If you want to use one of the licensing options available to military service members, military veterans and military spouses, please complete the **Military Service Member, Military Veteran or Military Spouse Supplemental Application (TDLR form MIL001)** and attach it with your license application. The form is located on the TDLR website at: <http://www.tdlr.texas.gov/misc/militarysupplemental.pdf>.

If you have additional questions about qualifications, training or experience requirements relating to occupation licensing for military service members, military veterans or military spouses please go to the TDLR Military Information web page at: <http://www.tdlr.texas.gov/military.htm>.

DEFAULT ON STUDENT LOANS

State law prohibits renewing a license more than once after a licensee has defaulted on a student loan guaranteed by the **Texas Guaranteed Student Loan Corporation (TGS LC)** unless the licensee has entered into a repayment agreement with TGS LC. YOU SHOULD CONTACT TGS LC BEFORE FILING THIS APPLICATION if you have defaulted on a student loan. An application or renewal may be rejected if this agency has received information from TGS LC that the applicant has defaulted on a student loan. The Texas Guaranteed Student Loan Corporation can be contacted at: **Texas Guaranteed ATTN: Collections, PO Box 83100, Round Rock, TX 78683-3100, Telephone: (800) 222-6297, <http://www.tgslc.org> or email: cust.assist@tgslc.org.**



**TEMPORARY CERTIFICATE OF REGISTRATION IN AUDIOLOGY
 TEMPORARY SUPERVISORY FORM**

DO NOT WRITE ABOVE THIS LINE	
All information provided must be typed or printed in <u>black ink</u>. Form can be submitted by: Email, Fax or Mail	
CERTIFICATE HOLDER'S INFORMATION	
1. Temporary Certificate Holder's Name:	
Last Name	First Name Middle Name
2. Social Security Number: (See Instruction Sheet for Disclosure Information)	3. Previous Intern in Audiology License #:
SUPERVISOR'S INFORMATION	
4. Proposed Supervisor's Name:	
Last Name	First Name Middle Name Suffix
5. Supervisor's Texas License #:	6. Supervisor's Email:
EMPLOYER INFORMATION	
7. Employer Address:	
(Number, Street Name/Apartment Number)	
City	State Zip Code
Phone Number: (include Area code)	Hours Employed Per Week:
8. Do you possess professional license(s), certificate(s), or registration(s) issued by another state(s), jurisdiction, or territory? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If yes, a license verification form must be completed by the state regulatory agency in each state from which you hold or ever held a license to practice. Give license, or certificate, or registration number(s), title(s), and the name(s) and address(s) of the jurisdiction(s) issuing the license(s), or certificate(s), or registration(s).</small>	
9. Have you ever had a professional license, certification or registration suspended, canceled, revoked or denied in any state? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, complete and submit a Disciplinary Action Questionnaire (DAQ) with this application. <small>This does <u>not</u> include your driver license.</small>	
10. Have you ever voluntarily surrendered any professional license, or certificate, or registration? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If answer is yes, briefly state the type of license, or certificate, or registration, the name and address of the agency that issued the license, or certificate, or registration, and the reasons.</small>	
11. Have you ever been convicted of, or placed on deferred adjudication for, any misdemeanor or felony, other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, complete and submit a Criminal History Questionnaire (CHQ) for each offense.	
<u>See instructions sheet for more information</u>	

STATEMENT OF APPLICANT AND SUPERVISOR

For the Temporary Certificate of Registration in Speech-Language Pathology Holder: I understand that my intern in Audiology license is invalid 30 days past the date of the completed internship plan and I certify that I will not begin to practice until my Temporary Certificate of Registration and been approved. I understand that the temporary certificate of registration is only valid for a period of time ending eight weeks after the next scheduled praxis examination. I certify that I have checked and found my supervisor holds a current Texas audiology license. I certify that if I change supervisors, I will submit a current Temporary Certificate of Registration in Audiology Temporary Supervisory Form, and I will not resume practice until I have received approval. I certify that I understand that I must apply for full licensure before this certificate expires per 111.100 if I want to continue to practice. If I do not pass the Praxis exam, I must apply for an assistant license.

For the Proposed Supervisor of the Assistant in Audiology: I will not allow this applicant to practice until I have verified that the applicant holds a current valid Temporary Certificate of Registration, and I have approval to supervise the applicant. I understand the Temporary Certificate of Registration is only valid for a period of time ending eight weeks after the next scheduled praxis examination. I agree to accept responsibility for the services to the client that may be performed by this certificate holder. I understand that my license is subject to disciplinary action if any of the above is violated.

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