



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

EVALUATION OF INTERNSHIP AND INTERN PLAN OF AGREEMENT AND SUPERVISION FOR INTERN IN SPEECH-LANGUAGE PATHOLOGY INSTRUCTIONS

All information provided must be typed or printed in **black ink**. This form must be completed and returned to renew an intern in speech-language pathology license.

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's Texas license number.
5. SUPERVISOR'S EMAIL ADDRESS – Write the supervisor's email address. By providing my email address I authorize TDLR to send licensing communications and required notices to me by electronic mail. I understand that I may revoke this authorization in writing and that I must update my email address or I will not receive these notices. I understand that the email address I have provided in this application will remain confidential except as permitted or required by law.
6. INTERNSHIP START DATE – Provide initial date of when the internship began.
7. INTERNSHIP END DATE – Provide date of when the intern license expires.
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 to verify that the Intern Plan and Agreement of Supervision, previously submitted and approved, was followed in accordance with the program rules 111.40.
11. APPROVAL OF INTERNSHIP – Check Yes or No if you recommend approval of internship hours.
12. CONTINUE TO SUPERVISE THE INTERN – Check Yes or No. If you will **NOT** continue to supervise the intern upon license renewal, the new supervisor must submit a separate Intern Plan of Agreement and Supervision.
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. This form must be submitted if you are renewing your intern license.

Please review to be sure all information is completed correctly. Incomplete forms will be returned and may delay your approval.

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 your 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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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: (See Instruction Sheet for Disclosure Information)

DATES COVERED

6. Internship Began Date:

7. Internship Ended Date:

FOR THE SUPERVISOR IN SPEECH-LANGUAGE PATHOLOGY

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., 111.40 of the program rules, and I followed the agreement stated in the Intern Plan and Agreement of Supervision previously submitted and approved.

Yes 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 Department.

Yes No

12. I WILL CONTINUE TO SUPERVISE THIS INTERN:

Note: If the intern is changing supervisor's upon renewal, the current supervisor will check "No" and the new supervisor must complete a separate Intern Plan of Agreement and Supervision.

Yes 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