TEXAS DEPARTMENT OF LICENSING & REGULATION
P.O. Box 12157 • Austin, Texas 78711-2157
www.tdlr.texas.gov

SPEECH-LANGUAGE PATHOLOGY ASSISTANT SUPERVISION PLAN

The applicant should return the completed form with the rest of the completed application to the address at the top of this page. **This form is no longer required if your supervisor added you through the online supervisee Add/Drop application (for licensed SLP Assistants only).**

1. ASSISTANT'S NAME – Provide the assistant's legal name in the space provided. (Last Name, First Name, Middle Name, Suffix) Examples of a suffix include Jr., Sr., and III. (Mr. is not a suffix.)
2. ASSISTANT'S TEXAS LICENSE # AND/OR SOCIAL SECURITY NUMBER – If you currently hold an Assistant in Speech-Language Pathology license, indicate your Texas Assistant in Speech-Language Pathology license number **and** your social security number (SSN). If you do not currently have a Texas Assistant in Speech-Language Pathology license, please provide your SSN. SSN 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***.
   If you do not have a Social Security Number, you must complete the ***Social Security Number Status Certification*** form. See additional information at ***Verification of Lawful Presence***.
3. PROPOSED SUPERVISOR'S NAME – Provide your legal name in the spaces provided. (Last Name, First Name, Middle Name, Suffix) Examples of a suffix include Jr., Sr., and III. (Mr. is not a suffix.)
4. SUPERVISOR'S TEXAS LICENSE # – Provide the proposed supervisor's Speech-Language Pathologist Texas license number.
5. SUPERVISOR'S EMAIL ADDRESS – Provide the proposed 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. APPLICABLE BOX – Initial Assistant in Speech-Language Pathology License – Those who have never held an Assistant in Speech-Language Pathology license in Texas. Change of Supervisor - Please list the names of any supervisors to be removed in item 7. Additional Supervisor – Please check this box if you are keeping your current supervisor and adding an additional supervisor.
7. OTHER CURRENT SUPERVISOR – List the name and license number for any other current supervisors who will no longer supervise the Assistant in Speech-Language Pathology.
8. STATEMENT OF APPLICANT/ASSISTANT AND SUPERVISOR – Carefully read the statement before signing and dating your application.

Reminder: Rule 111.154 Requirements and Responsibilities

(b) Experience. A licenses must have at least two years of professional experience in providing direct client services in the area of licensure in order to supervise an intern or assistant.

(1) One year of the licensee's internship may be counted toward the two years of experience.

(2) The professional experience may have been obtained under a license in another state.

(f) Supervisor Responsibilities. A supervisor of an intern or assistant must:

(4) Comply with the following:

(A) Supervise no more than a total of four speech-language pathology interns and/or assistants

ATTACH THIS DOCUMENT TO YOUR ONLINE APPLICATION OR SEND YOUR COMPLETED PAPER 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, visit the ***TDLR website*** or reach Customer Service via ***webform***. The webform will allow you to submit your request for assistance and include attachments needed. Customer Service Representatives are available Monday through Friday (excluding holidays) at (800) 803-9202 (in state only), (512) 463-6599, or Relay Texas-TDD: (800) 735-2989.

TDLR PUBLIC INFORMATION ACT POLICY:

This document is subject to the Texas Public Information Act. With certain exceptions, information in this document may be made available to the public. For more information, view the ***TDLR Public Information Act Policy***.

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ASSISTANT SUPERVISION PLAN

An assistant must practice under an assistant supervision plan. Approval from the department is required prior to practice by the assistant and prior to any changes in supervision. This form is completed by both proposed supervisor and the assistant.

ASSISTANT'S INFORMATION

1. Assistant Name:

Last | First | Middle | Suffix

2. Assistant License # or Social Security #:

(See Instruction Sheet for Disclosure Information)

SUPERVISOR'S INFORMATION

3. Proposed Supervisor's Name

Last | First | Middle | Suffix (Jr., Sr., III)

4. Supervisor's Texas License #:

5. Supervisor's Email:

PLEASE CHECK APPLICABLE BOX

6. Check one, *please see instruction sheet to determine which is applicable*:

☐ Initial SLP Assistant License ☐ Change of Supervisor ☐ Additional Supervisor

7. Remove Current Supervisor(s) Name & License # (only complete this if you are being removed from a current supervisor and being added to a new supervisor - *please see instruction sheet*)

STATEMENT OF APPLICANT/ASSISTANT AND SUPERVISOR

For the Assistant in Speech-Language Pathology: It is a violation to practice without an approved supervisor which is subject to disciplinary action. If I change supervisors, my new supervisor and I will submit a new Assistant Supervision Plan and verify that I have been successfully added to my supervisor's license before I begin to practice. I certify that I understand that I DO NOT have a caseload; I help manage only my approved supervisor's caseload.

For the Proposed Supervisor of the Assistant in Speech-Language Pathology: I agree that this assistant will not be allowed to practice until it has been verified that the assistant holds a current valid license, this form has been submitted, approved, and I have verified the approval online. I also agree to inform the department immediately, in writing, by email when supervision has ceased. I shall provide the minimum of eight (8) hours per month of supervision, at least four (4) hours of which are direct where the licensed assistant is providing the therapy. Each supervisor must agree to all conditions in this agreement. I agree to accept responsibility for the services for all clients on my caseload provided by this licensed assistant. I certify that I have practiced for at least 2 years, which can include an internship year (clinical fellowship) year. I agree to supervise no more than a total of four interns and/or assistants.

After the Proposed Supervisor(s) and the Assistant Review Department Rules 111 Sub chapter P, Responsibilities of the Licensee and Code of Ethics, and §111.50, Licensing Requirements, each supervisor who agrees to accept responsibility for all services provided by the following individual (who is licensed or seeking a license as an assistant) must be listed on the completed Assistant Supervision Plan.

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 Assistant | Signature of Supervisor

Date | Date