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

AUDIOLOGY
INTERN PLAN AND AGREEMENT OF SUPERVISION INSTRUCTIONS

The applicant should return the completed form with the rest of the completed application to the address at the top of this page.

1. INTERN'S NAME – Provide the intern's 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.)
2. INTERN'S TEXAS LICENSE # AND/OR SOCIAL SECURITY NUMBER – If you currently hold an Intern in Audiology license, indicate your Texas Intern in Audiology license number **and** your social security number (SSN). If you do not currently have a Texas Intern in Audiology 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 the supervisor's 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 Audiology Texas license number.
5. SUPERVISOR'S EMAIL ADDRESS – Provide 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. APPLICABLE BOX – **Initial Intern in Audiology License** – Those who have never held an Intern in Audiology license in Texas. **Change in 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. EMPLOYER ADDRESS: – List where the Intern in Audiology shall be supervised.
9. INTERN PLAN – Answer if the plan will fulfill the minimum required 1,600 hours.
10. STATEMENT OF INTERN AND SUPERVISOR – Carefully read the terms and sign and date the form.

Intern in Audiology Plan:

Must consist of 1,600 hours of supervised clinical work. The internship shall begin after completion of all academic course work; and involve primarily clinical activities such as assessment, diagnosis, evaluation, screening, treatment, report writing, family/client consultation, and/or counseling related to the management process of individuals.

Reminder: Rule 111.154 Requirements, Duties, and Responsibilities of Supervisors

(a) A licensee 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; (c) A department-approved supervisor of an intern in speech-language pathology must possess at least a master's degree with a major in one of the areas of communicative sciences or disorders; (d) A department-approved supervisor of an intern in audiology must possess either:
(1) at least a master's degree with a major in one of the areas of communicative sciences or disorders, if the department-approved supervisor applied for the audiology license before September 1, 2011; or
(2) at least a doctoral degree in audiology or a related hearing science, if the department-approved supervisor applied for the audiology license on or after September 1, 2011.

Note: If multiple supervisors will share responsibility for the intern, each supervisor must complete and sign a separate *Intern Plan and Agreement of Supervision Form*. In accordance with TDLR Rule §111.80(e)(2), all supervisors are held to the same level of responsibility for the work of the named intern. On a separate sheet of paper include how the Intern Plan will be divided between the supervisors.

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, 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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AUDIOLOGY INTERN PLAN AND AGREEMENT OF SUPERVISION

An Intern may not practice until the Intern in Audiology license has been issued.

INTERN'S INFORMATION

1. Intern Name:

Last | First | Middle | Suffix

2. Intern License # and/or Social Security #:

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 AUD Intern License ☐ Change of Supervisor ☐ Additional Supervisor

7. Other Current Supervisor(s) Name & License # to be **REMOVED** (*please see instruction sheet*)

Employer: The Intern shall be supervised at the following location

8. Check One, *please see instruction sheet to determine which is applicable:*

☐ Initial Employer ☐ Additional Employer/Site Only ☐ Change of Employer Only

Employer Address:

Street Number, Name, Ste/Bldg Number | City | State | Zip Code

9. Intern Plan - Will this plan fulfill the minimum required 1,600 hours? ☐ Yes ☐ No

10. TERMS OF CONTRACT

For the Intern in Audiology: I certify that I will not begin to practice until my intern license has been issued. 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 Intern Plan and Agreement of Supervision form, and I will not resume practice until I receive approval from the licensing department. I certify that I understand that I must apply for full licensure within 30 days of completion of my full time supervised professional experience.

For the Proposed Supervisor of the Intern in Audiology: I will not allow this intern to practice until I have verified that the intern holds a current valid intern license, and I am the Intern's APPROVED supervisor. I agree to accept responsibility for the services to the client that may be performed by this intern. I understand that my license is subject to disciplinary action if any of the above is violated.

After the Proposed Supervisor(s) and the Intern Review Department Rules 111 Subchapter P, Responsibilities of The Licensee and Code of Ethics, and §111.80, 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 Audiologist) must be listed on the completed *Intern Plan and Agreement for Audiology Form.*

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	Date
Signature of Supervisor	Date