Budget: ZZ117
Fund: 158

STATE BOARD OF EXAMINERS FOR SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY

Mail Code: MC2003 • PO Box 149347 • Austin, Texas 78714-9347
Phone: (512) 834-6627 • Fax: (512) 834-6677
E-mail: speech@dshs.state.tx.us
www.dshs.state.tx.us/speech

APPLICATION FORM

Effective January 1, 2010, all new applicants will be required to take the jurisprudence examination [§741.122(d)]. Go to http://www.dshs.state.tx.us/speech/ and select the Jurisprudence Examination tab.

All applicants must submit this Application Form. All questions must be answered. Be sure to read the Board Rules to determine what documents are required: Application processing begins after all required documentation is received and accepted by the Board.

Applicant's Full Legal Name: (First, Middle, Last):

Name(s) on Transcript(s) if different:

Date of Birth: Social Security Number:

Mailing Address:

City/State/Zip:

Home Phone Number:

E-mail Address:

1. Mailing address. The Board office is not responsible for lost, misdirected or undelivered forms and fees. The Board will mail all documents to the address you provide above. *(Be sure to include the zip code)*

Be sure to notify your employer that you will be unable to practice while you wait for your license.

Texas Occupations Code, §401.301, states, "A person may not practice speech-language pathology or audiology or represent that the person is a speech-language pathologist or audiologist in this state unless the person holds a license under this chapter." Section 401.503 states an offense is a Class B misdemeanor, and upon conviction, punishable by up to six (6) months in jail or up to $1,000 fine or both.

Prior to completing this form, you MUST read the Law (Texas Occupations Code, Chapter 401) and the Board Rules, Chapter 741. Do not complete the affidavit on the last page if you have not read the Law and Board Rules.

2. Mail to:

Please send all correspondence that contains money/payment to:
Texas Department of State Health Services
Speech-Language Pathology and Audiology Program, Mail Code: MC2003
PO Box 149347
Austin, Texas 78714-9347

3. FEES: The fee must be mailed with the application. DO NOT SEND CASH. *FEES ARE NONREFUNDABLE*. Make checks payable to DSHS/Speech-Audiology Licensing Program.

CHECK THE LICENSE FOR WHICH YOU ARE APPLYING			
Check One	License Type	Requirements per Board Rules	Fee
	Speech-Language Pathology (2 years)	§741.61	$163
	Audiology (2 years)	§741.81	$163
	Speech-Language Pathology, applying under ASHA waiver (2 years)	§741.63	$163
	Audiology, applying under ASHA or ABA waiver (2 years)	§741.83	$163
	Intern in Speech-Language Pathology (2 years)	§741.62	$83
	Intern in Audiology (2 years)	§741.82	$83
	Assistant in Speech-Language Pathology (2 years)	§741.64	$163
	Assistant in Audiology (2 years)	§741.84	$163
	Temporary Certificate of Registration – Speech-Language Pathology	§741.65	$55
	Temporary Certificate of Registration – Audiology	§741.85	$55

4. Documentation that must accompany your application.
Applications will not be processed until all required documents are received. To expedite your application, collect all documents and send them with your application. Having documents sent separately can significantly delay the processing of an application.

Speech-Language Pathologist: (Intern that has completed their internship (CFY) and is upgrading to full license)
- Application and fee
- Proof of successfully completing the jurisprudence examination
- Original transcript showing your masters or doctoral degree has been conferred and required course work, per §741.61/741.81 (cannot be faxed)
- Report of Completed Internship Form from each supervisor during your internship
- Original Praxis examination, showing a score of 600 or higher

Speech-Language Pathologist, applying under ASHA waiver
- Application and fee
- Proof of successfully completing the jurisprudence examination
- Original transcript showing your masters degree has been conferred and required course work, per §741.63/741.83 (cannot be faxed)
- Original, current (dated within 60 days of application) letter from ASHA confirming your CCC is current and in good standing

Audiologist: (Intern that has completed their externship and is upgrading to full license)
- Application and fee
- Proof of successfully completing the jurisprudence examination
- Original transcript showing your doctoral degree has been conferred and required course work, per §741.61/741.81 (cannot be faxed)
- Report of Completed Internship Form from each supervisor during your internship
- Original Praxis examination, showing a score of 600 or higher

Audiologist, applying under ASHA or ABA waiver
- Application and fee
- Proof of successfully completing the jurisprudence examination
- Original transcript showing your masters degree (awarded prior to 2007) or your doctoral degree has been conferred and required course work, per §741.63/741.83 (cannot be faxed)

- Original, current (dated within 60 days of application) letter from ASHA or ABA confirming your certification is current and in good standing

Intern in Speech-Language Pathology

- Application and fee
- Proof of successfully completing the jurisprudence examination
- Original transcript showing your masters or doctoral degree has been conferred and required course work, per §§741.62/741.82 (cannot be faxed) or
- Current, original transcript: A current, original transcript from the institution that you are graduating from must be submitted with your application (even if the degree does not show that the masters or doctoral degree was conferred). Once the degree has been conferred, the original transcript showing that the masters or doctoral degree has been conferred must be sent before or when you apply for full licensure after completing the Internship (cannot be faxed)
- Course Work and Clinical Experience For Speech-Language Pathology Intern Form, completed and signed by university program director
- Speech-Language Pathology Intern Plan and Agreement of Supervision Form from each supervisor

Intern in Audiology

- Application and fee
- Proof of successfully completing the jurisprudence examination
- Original transcript showing your doctoral required course work, per §741.62/741.82 (cannot be faxed)
- Course work and Clinical Experience for Audiology Intern Form, completed and signed by university program director
- Audiology Intern Plan and Agreement of Supervision Form from each supervisor

Assistant in Speech-Language Pathology or Assistant in Audiology

- Application and fee
- Proof of successfully completing the jurisprudence examination
- Original transcript showing that a baccalaureate degree has been conferred and required course work, per §741.64/741.84 (cannot be faxed)
- Clinical Observation and Experience Form, completed and signed by university program director
- Supervisory Responsibility Statement (SRS) for Assistants Form
- If your Clinical Observation and Experience form shows that you have not met the required 25 clinical observation hours and/or 25 clinical experience hours from the university, you must include a Clinical Deficiency Plan Form. This must be pre-approved by the board office and your license must be issued before you begin these hours. Special requirements apply. Be sure to read carefully §741.64 (e) to be sure you understand.

Temporary Certificate of Registration – Speech-Language Pathology or Audiology

- application and fee
- original transcript showing your masters or doctoral degree has been conferred and required course work, per §741.61/741.81 (cannot be faxed)
- Report of Completed Internship Form from each supervisor during your internship
- Temporary Supervisory Form from each supervisor

Be sure to read §741.65/741.85 to be sure you understand the special requirements. This certificate allows you to continue to practice while you take the next Praxis examination, and the certificate will expire 8 weeks later. This certificate is NOT RENEWABLE (there is no extension or grace period) and you may not apply for another Temporary Certificate. If you pass the Praxis, you must apply immediately for a full license under §741.61/741.81. If you do not pass the Praxis, you must apply for an Assistant license and you must be supervised according to the supervision requirements of an Assistant.

5. CURRENT EMPLOYMENT INFORMATION

Name of employer, agency or practice:

Mailing Address:

City/State/Zip:

Phone Number:

Fax Number::

E-mail Address:

6. Employer's Type of Practice:
   □ Private Practice □ School □ Government Agency □ Community Agency □ University
   □ Other (specify): _____

7. DATE EMPLOYMENT BEGAN (MM/DD/YYYY) _____

8. Have you ever held any type of speech-language pathology or audiology license issued by Texas?
   □ Yes □ No (If answer is yes, give dates when held and reason license is no longer valid:)

   _____

9. Do you possess any other professional license(s) or certificate(s) issued by any state? □ Yes □ No
   If yes, give license or certificate number(s), title(s), and states issuing license(s) or certificates(s):

   _____

   _____

10. Do you currently hold the American Speech-Language-Hearing Association (ASHA) Certificate of Clinical Competence? □ Yes □ No

11. Do you currently hold the American Board of Audiology (ABA) Certification? □ Yes □ No

12. Have you been denied a professional license and/or certificate, or have you ever had any license and/or certificate revoked, canceled, or suspended? □ Yes □ No

    If answer is yes, briefly state the type of license or certificate, the name and address of the agency that issued the license or certificate and the reason:

    _____

    _____

13. Have disciplinary proceedings been initiated against you in Texas or any other jurisdiction? □ Yes □ No
    If answer is yes, please provide the following information:

    Date of proceedings: _____

    Where proceedings held: _____

14. Have you ever been convicted, plead guilty, or plead nolo contendere to any misdemeanor or felony? (Do not include juvenile offenses or any misdemeanor traffic violations. Driving while intoxicated (DWI) is not a minor traffic offense.) □ Yes □ No
If yes, please provide the following information:

Date of conviction: _____

Where convicted: _____

Charge: _____
If conviction was set aside, give date and explain, using additional pages if necessary

_____

(NOTE: The Texas Department of State Health Services performs a Criminal Background Check on all applicants.)

14. Have you ever voluntarily surrendered any professional license or certificate? □ Yes □ No
If answer is yes, briefly state the type of license or certificate, the name and address of the agency that issued the license certificate and the reasons:

_____

15. ACADEMIC TRAINING (List all colleges/universities attended and attach additional pages if necessary)

Name & Location of School	Inclusive Dates		Degree Granted (field of study)	Date Degree Granted (mm/dd/yy)
	From (mm/yy)	To (mm/yy)		

PLEASE READ VERY CAREFULLY BEFORE YOU SIGN

With my signature on this application for licensure with the State Board of Examiners for Speech-Language Pathology and Audiology, I certify that:

- I have read the Speech-Language Pathology and Audiology licensing Law and the Rules of the Board. I agree to abide by the State Law and all current and subsequent Rules of the Board.
- All information provided in this application is truthful. I understand that giving false information of any kind will result in denial of licensure.
- I understand that the processing of my application will not begin until all required documents are received by the Board.
- I understand that the fee submitted with this application is non-refundable.
- I agree to hold the State Board of Examiners for Speech-Language Pathology and Audiology, its members, officers, agents, and examiners free from any damage or claim for damage or complaint by the reason of any action they or any one of them take in connection with this application, the attendant examination, and/or failure of the Board to issue me a license.
- I hereby grant permission to the Board to seek any information or references it deems fit in securing my credentials pertinent to this application.
- I understand that the name, license number, and mailing address of all holders of a Texas-issued professional license are subject to the Texas Open Records Act. This information will be provided in response to information requests for licensee lists from organizations and individuals. This information will be provided on the Board's website.
- I understand that the disclosure of a social security number by an applicant is mandatory under the Rules of the Board, 22 TAC, §741.112 and Family Code, §231.302. Social security numbers will be used for identification purposes.
- I understand that the Texas Department of State Health Services performs a Criminal Background Check on all applicants.
- I agree that if issued a license, upon revocation, suspension, or cancellation of that license, I shall return the said license to the Board.

_____ _____

Applicant's Signature Date

PLEASE REVIEW BEFORE SUBMISSION. ALL QUESTIONS MUST BE COMPLETED CORRECTLY. INCOMPLETE AND/OR INACCURATE FORMS WILL NOT BE PROCESSED AND MAY SIGNIFICANTLY DELAY YOUR LICENSE APPROVAL.

We can be contacted at:
By emailed at: Speech@dshs.state.tx.us

Or by phone at: (512) 834-6627

Or by faxed at: (512) 834-6677, Attention: SPEECH

Please send all correspondence that contains money/payment to:
Texas Department of State Health Services
Speech-Language Pathology and Audiology Program
Mail Code: MC 2003
PO Box 149347
Austin, Texas 78714-9347

Please send all correspondence that does not contains money/payment to:
Texas Department of State Health Services
Speech-Language Pathology and Audiology Program
Mail Code: MC1982
PO Box 149347
Austin, Texas 78714-9347