Budget: ZZ117
Fund: 158

The form is located www.dshs.state.tx.us/speech under applications/forms.

STATE BOARD OF EXAMINERS FOR SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY

Mail Code: MC1982 • 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

INTERN IN SPEECH-LANGUAGE PATHOLOGY APPLICATION FORM

If you have an assistant's license and have submitted the following to the board in the past, you DO NOT need to resubmit the following two items:

- Proof of completed FAST Fingerprint Pass Form
- Proof of successfully completing the jurisprudence exam

Step 1: All new applicants will be required to submit fingerprints to the Texas Department of Public Safety (DPS). Go to http://www.dshs.state.tx.us/speech/ and select the DPS/FBI Fingerprinting tab. Please follow the instructions on the form.
In state applicants: Once you have completed the fingerprint process; please attach a COPY of your FAST fingerprint form/receipt.
Out of state applicants will not have a receipt. You do not submit proof of fingerprints if you choose the out of state process.

Step 2: Please print and complete the application form completely or you can apply online at http://www.dshs.state.tx.us/speech/

Step 3: Please submit the completed application and fee of $83.00 with the required documentation listed below.

Step 4: Please complete the Texas Jurisprudence Exam; link is http://www.dshs.state.tx.us/speech/ attach a copy of the certificate. This is a no fail exam over the board's rules and law.

Step 5: Please attach the *Course Work and Clinical Experience for Speech-Language Pathology Intern Form*, completed and signed by university program director. The form is located www.dshs.state.tx.us/speech under applications/forms.

Step 6: Please attach the *Intern Plan and Agreement of Supervision for Speech-Language Pathology Intern Form.* The form is located www.dshs.state.tx.us/speech under applications/forms.

Please note: The intern may pursue the American Speech-Language-Hearing Association Clinical Fellowship Year (ASHA CFY) simultaneously; HOWEVER, APPROVAL FROM ASHA TO BEGIN THE CFY IS NOT A LICENSE TO PRACTICE IN TEXAS. The board may deny a license; impose probationary conditions or other actions as deemed appropriate to an individual who begins the ASHA CFY prior to receiving an intern license.

Once the 36 weeks of full-time professional supervised experience has been completed, the intern has 30-days to submit a new application, application fee, and required documentation to apply for a full license in Texas under § 741.61 or §741.81. If the intern has not passed the Praxis examination, the intern may meet the requirements of §741.65 or §741.85. During this process, the intern must remain under supervision. Please understand that holding the ASHA CCC is NOT a license to practice in Texas.

The processing time frame for licensure starts once the application has been received in the speech/audiology office. Please allow 2 to 4 weeks for processing.

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. CURRENT EMPLOYMENT INFORMATION – if you are employed at the time of application; if not please put NA.

Name of employer, agency or practice:

Mailing Address:

City/State/Zip:

Phone Number:

Fax Number::

E-mail Address:

2. 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:)

3. 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):

4. Have you been denied a professional license and/or certificate in Texas and/or other state or country, or have you ever had any license and/or certificate revoked, canceled, received probated suspension 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: (please attach documents)

5. 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:

6. Have you completed the fingerprint process for state licensure? □ Yes □ No If yes please attach a copy of the Fast Pass receipt.

7. Have you ever been convicted, plead guilty to, plead nolo contendere or received deferred adjudication to any misdemeanor or felony, other than a minor traffic violation? □ Yes □ No (Please note that Driving While Intoxicated is not a minor traffic violation.)

8. 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)		

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 Rules of the Board. I agree to abide by the State Law and all current and subsequent Law and Rules of the Board.
- All information provided on this application is truthful. I understand that giving false information of any kind will result in denial of licensure.
- 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 Public Information 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 I must submit fingerprints to the Texas Department of Public Safety (DPS).
- 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

The processing time frame for licensure starts once the application has been received in the speech/audiology office. Please allow 2 to 4 weeks for processing.

To expedite the application process, submit application & fee with ALL supporting documents, use the U.S. Post Office Express Mail and mail to:

Texas Department of State Health Services
Speech-Language Pathology and Audiology Program
Mail Code: MC 2003
PO Box 149347
Austin, Texas 78714-9347

If you need to submit additional documentation after the application and fee have been submitted, please mail to:

Texas Department of State Health Services
Speech-Language Pathology and Audiology Program
Mail Code: MC1982
PO Box 149347
Austin, Texas 78714-9347

You can apply online at www.dshs.state.tx.us/speech/