

STATE BOARD OF EXAMINERS FOR SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY
REPORT OF COMPLETED SPEECH-LANGUAGE PATHOLOGY INTERNSHIP FORM

EMAIL TO: speech@dshs.state.tx.us

SUPERVISOR'S NAME: _____ TX Lic. # _____

SUPERVISOR'S EMAIL: _____

Both intern and supervisor must complete this report. A separate report must be completed and mailed or faxed to the board for each component of the internship which involved a change of site, supervisor, or work schedule. Each supervisor must submit this form.

INTERN _____ Lic # _____

SUPERVISOR _____ Lic.# _____

Internship Began ___/___/___ Internship Ended ___/___/___

Dates Covered by this Report ___/___/___ to ___/___/___ # of weeks covered by this report _____

Number of hours worked per week: _____

(Include only weeks in which the intern practiced the number of hours per week established in the board-approved Intern Plan and Agreement of Supervision. Exclude holidays and vacations. Use additional pages if necessary.)

List the dates of any time the intern did not practice the number of hours per week established in the board-approved Intern Plan.

For the Supervisor in Speech-Language Pathology:

- This internship included no fewer than 36 clock hours of supervisory activities, including 18 on-site observations of the intern's direct contact with clients at the work site in which the intern provided screening, evaluation, assessment, habilitation, and rehabilitation; and 18 other monitoring activities which may include correspondence, video tape review, evaluation of written reports, phone conferences with the intern, and evaluations by professional colleagues. Yes No (If no, attach explanation.)
- This internship was divided into three equal segments (1/3 the length of the internship), with no fewer than 6 hours per segment of face-to-face on-site observations of the intern's contact with clients and 6 hours per segment of other monitoring activities. Yes No (If no, attach explanation.)
- I certify that if alternative methods of supervision were used during the internship; approval of these methods was requested in writing and they were approved as part of the board-approved Intern Plan. Yes No (If yes, attach documentation of methods used.)
- I certify that I supervised this intern in accordance with 22 T.A.C., §741.41 and §741.62 of the Board Rules, and I followed the agreement stated in the pre-approved Intern Plan and Agreement of Supervision. Yes No
- I certify that each segment of this internship (or portion of internship), §741.62(k), required that I conducted a formal evaluation of the intern's progress in the development of professional skills. Yes No
- AS THE INTERN'S SUPERVISOR, I RECOMMEND THAT THIS INTERNSHIP (OR PORTION OF INTERNSHIP)

AS REPORTED ON THIS FORM BE APPROVED BY THE BOARD TOWARDS MEETING THE REQUIREMENTS FOR A LICENSE. Yes No

- Once the internship has been completed (and the intern's license remains valid), the intern may continue to practice under supervision in Texas with the intern license while awaiting full licensure or the temporary certificate of registration if the current supervisor will continue to supervise the intern from the "Ending Date of Internship" as shown on the Report of Completed Internship Form until the intern is fully licensed or registered.
- **§741.62(o) IF THE INTERN HOLDS A VALID LICENSE, THE INTERN MAY CONTINUE TO PRACTICE UNDER SUPERVISION FOR UP TO 30 DAYS AFTER THE BOARD OFFICE RECEIVES THE REPORT OF COMPLETED INTERNSHIP FORM.**
- I WILL CONTINUE TO SUPERVISE THIS INTERN. Yes No (If no, this form **MUST** be emailed or faxed by the supervisor to ensure that the supervisor has been removed as supervisor of this Intern.)

Supervisor's Signature

Date

For the Intern in Speech-Language Pathology:

- I certify that I read and followed §741.41, Code of Ethics, and §741.62, Requirements for an Intern in Speech-Language Pathology License.
- I certify that I will not begin to practice until my license is issued and I am approved by the board office to work under the supervision of the above supervisor who holds a current Texas Speech-Language Pathology license.
- I certify that I have read and discussed this Report with my Intern Supervisor.
- I certify that if it is determined at a later date that any statement in this Report of Completed Internship is not true, I assume full responsibility for an invalid Internship.
- I certify that at least 80% of the internship week was in direct client contact (assessment / diagnosis / evaluation, screening, habilitation/ rehabilitation) and activities related to client management.
- I certify that I understand that I **MUST** apply for full licensure with the State of Texas **within 30 days of completion of my 36-week full time supervised professional experience**, per §741.62(n)(1), if I wish to continue to practice in Texas. If I have completed my internship, but have not passed the Praxis exam, I must apply for a Temporary Certificate of Registration, per §741.62(n)(2), if I wish to continue to practice in Texas.
- **§741.62(o) IF THE INTERN HOLDS A VALID LICENSE, THE INTERN MAY CONTINUE TO PRACTICE UNDER SUPERVISION FOR UP TO 30 DAYS AFTER THE BOARD OFFICE RECEIVES THE REPORT OF COMPLETED INTERNSHIP FORM.**

Intern's Signature

Date

If your address has changed, please attach a separate page noting your new address.

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

Completed forms must be emailed to speech@dshs.state.tx.us
or faxed to: (512) 834-6677, Attention: SPEECH.