

STATE BOARD OF EXAMINERS FOR SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY  
**SPEECH-LANGUAGE PATHOLOGY INTERN PLAN AND AGREEMENT OF SUPERVISION FORM**

**EMAIL TO: [speech@dshs.state.tx.us](mailto:speech@dshs.state.tx.us)**

**PROPOSED SUPERVISOR'S NAME:** \_\_\_\_\_ TX Lic. # \_\_\_\_\_

**PROPOSED SUPERVISOR'S EMAIL:** \_\_\_\_\_

**Deficient Intern Plans will be emailed to this address.** The Board Office no longer will email or fax Intern Plan approvals.

After the proposed supervisor and the intern review Board Rules §741.41- §741.45, Code of Ethics; Duties and Responsibilities of License Holders, and §741.62, Requirements for an Intern in Speech-Language, an *Intern Plan and Agreement of Supervision Form* must be completed by the intern and **each proposed supervisor**.

**INTERN** \_\_\_\_\_ **License #** \_\_\_\_\_

**Please check applicable box:**

- Initial License (SS #)** \_\_\_\_\_ (Has never has held a license in Texas)
- Change of Supervisor** (When changing supervisors, the supervisor and the licensed intern has 30-days to complete and submit the *Report of Completed Internship Form*. Please note: **Supervisors will NOT be removed until the report is received.**)
- Additional Supervisor** (Please list the other supervisor(s) and their license number(s) on the line below. Each supervisor must complete an *Intern Plan and Agreement of Supervision Form*.)

Please check one(if applicable):    Initial Employer    Additional Employer/Site Only    Change of Employer Only

**Employer:** \_\_\_\_\_ **Hours Employed per week:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_ **Phone:** (   ) \_\_\_\_\_

**FOR THE PROPOSED SUPERVISOR(S) OF THE INTERN IN SPEECH-LANGUAGE PATHOLOGY:**

**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 Board Rule §741.62(g)(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.**

Do you share supervisory responsibility?    Yes    No   If yes, please list the other supervisor(s).  
(Each supervisor must complete an *Intern Plan and Agreement of Supervision Form*)

Additional Supervisor: \_\_\_\_\_ Lic. # \_\_\_\_\_

Additional Supervisor: \_\_\_\_\_ Lic. # \_\_\_\_\_

**INTERN IN SPEECH LANGUAGE PATHOLOGY PLAN:**

Indicate the length of the professional experience and number of hours per week below (Please check one).

- 36 weeks of full-time professional employment of at least 35 hours per week.
- 48 weeks of part-time professional employment of at least 29-34 hours per week.
- 60 weeks of part-time professional employment of at least 22-28 hours per week.
- 72 weeks of part-time professional employment of at least 15-21 hours per week.

If the number of hours worked or the length of the internship changes, the supervisor and Intern must notify the Board in writing and must file a new *Intern Plan and Agreement of Supervision Form* within 30-days of noted any changes.

At least 80% of the internship week shall be spent in direct client contact (assessment / diagnosis / evaluation, screening, habilitation / rehabilitation) and activities related to client management.

The internship shall be divided into three segments with no fewer than 36 clock hours of supervisory activities, including 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. (Any other options must be requested in writing by attaching a detailed supervision plan.)

The beginning date may need to be adjusted; the internship cannot begin until the intern license is issued and/or until the intern and the supervisor have received notice that the Board has given approval for this supervisor to supervise the intern).

This form constitutes an agreement between the Board, the Speech-Language Pathology Supervisor and the Speech-Language Pathology Intern. Please read carefully before you sign.

- I certify that I have read and agree to supervise this licensed intern in accordance with 22 TAC §741.41 - §741.45, Code of Ethics; Duties and Responsibilities of License Holders, and §741.62, Requirements for an Intern in Speech-Language Pathology License.
- I will not allow this intern to practice until I have verified that the intern holds a **current valid intern license and approval has been received**. Although an intern may pursue the American Speech-Language-Hearing Association Clinical Fellowship (ASHA CF) simultaneously, APPROVAL FROM ASHA TO BEGIN THE CF IS NOT A LICENSE TO PRACTICE IN TEXAS. An intern may not practice before the intern license is issued.
- I agree to accept responsibility for the services to the client that may be performed by this licensed intern.
- I understand that I must complete the *Report of Completed Internship Form* within 30 days upon ceasing supervision of this licensed intern. Once the *Report of Completed Internship Form* is approved, I understand I will receive a confirmation fax.
- I understand that my license is subject to disciplinary action if any of the above is violated.

\_\_\_\_\_  
Proposed Supervisor's Signature

\_\_\_\_\_  
# years of experience

\_\_\_\_\_  
Date

FOR THE INTERN IN SPEECH-LANGUAGE PATHOLOGY:

- I certify that I have read §741.41 - §741.45, Code of Ethics; Duties and Responsibilities of License Holders, and §741.62, Requirements for an Intern in Speech-Language Pathology License.
- I certify that I will not begin to practice until my intern license has been approved and I **have verified the online approval**.
- I certify that I have checked and found my supervisor holds a current Texas Speech-Language Pathology license.
- I certify that if I change supervisor(s), my current supervisor and I will submit *Report of Completed Internship Form*, with 30 days of ceasing supervision.
- I certify that if I change supervisor(s), my proposed supervisor and I will submit a new *Intern Plan and Agreement of Supervision Form*, and I will not resume practice until I receive approval from the Board office.
- I certify that I understand that I must apply for full licensure 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. If I have completed my internship, but haven't 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.

\_\_\_\_\_  
Intern's Signature

\_\_\_\_\_  
Date

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

**The licensed intern may start practicing when the relationship is listed online.**

**Steps to View Approved Supervisors Online:**

1. Go to the Board's website: [www.dshs.state.tx.us/speech](http://www.dshs.state.tx.us/speech)
2. Select the tab labeled: *Find a Licensee*
3. Select the *Live Online Verification* link: [http://www.dshs.state.tx.us/speech/sp\\_search.shtm](http://www.dshs.state.tx.us/speech/sp_search.shtm)
4. Select: *This link to view or print a license verification.*
5. Select: *Public License Search*
6. Select one of the five searches
7. Enter the required information
8. Click on the licensee's name and you will see the list of all approved supervisors or supervisees under the *Related Party Section*

**To add or change a supervisor, please allow a minimum of 5 days processing time.**

**Supervisor(s) will not be removed without a Report of Completed Internship.**

Please use current forms from the Board's website. [www.dshs.state.tx.us/speech](http://www.dshs.state.tx.us/speech)