



TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

www.tdlr.texas.gov

ASSISTANT IN AUDIOLOGY SUPERVISORY RESPONSIBILITY STATEMENT (SRS) FORM 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. ASSISTANT'S NAME – Provide the assistant's legal name in the space provided. (Last Name, First Name, Middle Name, Suffix) Examples of a suffix include Jr., Sr., and II. (Mr. is not a suffix.)
2. ASSISTANT'S TEXAS LICENSE # AND/OR SOCIAL SECURITY NUMBER – If you currently hold an Assistant in Audiology license, indicate your Texas Assistant in Audiology license number **and** your social security number (SSN). If you do not currently have a Texas Assistant 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](#).
3. PROPOSED SUPERVISOR'S NAME – Provide the proposed supervisor's legal name in the spaces provided. (Last Name, First Name, Middle Name, Suffix) Examples of a suffix include Jr., Sr., and II. (Mr. is not a suffix.)
4. SUPERVISOR'S TEXAS LICENSE # – Provide the proposed supervisor's Texas Audiology 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.
6. APPLICABLE BOX – **Initial Assistant in Audiology License** - Those who have never held an Assistant in Audiology license in Texas. **Change of 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 Audiology.
8. EMPLOYER ADDRESS – List where the assistant shall be supervised.
9. TRAINING AREAS – Indicate the total number of hours of Job Specific Competency Based Training Plan.
10. STATEMENT OF APPLICANT/ASSISTANT AND SUPERVISOR – Carefully read the statement before signing and dating your application.

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. One year of the licensee's internship 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, as determined under Government Code, Chapter 573, Subchapter B.
 - (c) A supervisor of an intern in speech-language pathology must be a licensed speech-language pathologist who is approved by the department and who possesses at least a master's degree with a major in one of the areas of communicative sciences or disorders.
 - (d) A supervisor of an assistant in speech-language pathology must be a licensed speech-language pathologist who is approved by the department.
 - (e) A supervisor of an intern in audiology or an assistant in audiology must be a licensed audiologist who is approved by the department.
 - (f) A supervisor of an intern or assistant shall:
 - (1) ensure that all services provided are in compliance with this chapter and the Act, such as verifying:
 - (A) the intern or assistant holds a current license;
 - (B) the supervisor has been approved by the department;
 - (C) the practice and duties of the intern or assistant are appropriate; and
 - (D) the intern or assistant is qualified to perform the procedure;
 - (2) be responsible for all client services performed by the intern or assistant;
 - (3) provide appropriate supervision after the department approves the supervisory agreement; and
 - (4) comply with the following:
 - (A) supervise no more than a total of four (4) speech-language pathology interns and/or assistants;
- or
- (B) supervise no more than a total of four (4) audiology interns and/or assistants.
- (g) In addition to the provisions listed in subsection (f), a supervisor of an assistant shall:
 - (1) be responsible for evaluations, interpretation, and case management

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 your 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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ASSISTANT IN AUDIOLOGY SUPERVISORY RESPONSIBILITY STATEMENT (SRS) FORM

ASSISTANT'S INFORMATION

| | |
|---|---|
| 1. Assistant's Name: | 2. Assistant's License # or Social Security #: |
| <div>Last Name</div> <div>First Name</div> <div>Middle Name</div> <div>Suffix</div> | <div>(See Instruction Sheet for Disclosure Information)</div> |

SUPERVISOR'S INFORMATION

| | | | |
|----------------------------------|------------------------|------------------------|-------------------|
| 3. Proposed Supervisor's Name: | | | |
| <div>Last Name</div> | <div>First Name</div> | <div>Middle Name</div> | <div>Suffix</div> |
| 4. Supervisor's Texas License #: | 5. Supervisor's Email: | | |

PLEASE CHECK APPLICABLE BOX

| | | |
|---|---|--|
| 6. Check one, <i>please see instruction sheet to determine which is applicable</i> : | | |
| <input type="checkbox"/> Initial Assistant in Audiology License | <input type="checkbox"/> Change of Supervisor | <input type="checkbox"/> Additional Supervisor |
| 7. Other Current Supervisor(s) Name & License # be REMOVED (<i>please see instruction sheet</i>) | | |

Employer: The assistant shall be supervised at the follow location

| | | |
|--|------------------|---------------------------------------|
| 8. Employer Address: | | |
| <div>Street Number and Street Name</div> | | <div>Apartment/Building/Suite #</div> |
| <div>City</div> | <div>State</div> | <div>Zip Code</div> |

9. Training Areas # of hours planned

| | |
|--|--|
| (Job Specific Competency Based Training Plan (total hours planned must = 25 hours or more): | |
| Basic audiology screening procedures (pure tone screening, otoacoustic emissions screening, immittance screening or screening ear canal status with an otoscope) | |
| Maintaining clinical records | |
| Preparing clinical materials | |
| Perform preventative maintenance checks and safety checks of equipment | |
| Biologic and electroacoustic calibration of audiometric equipment | |
| Hearing aid and earmold maintenance | |
| Electrode placement and patient preparation | |
| Case history and/or self-assessment forms | |
| Play audiometry, visual reinforcement audiometry, and picture-pointing speech audiometry | |
| Assisting in the evaluation of difficult-to-test patients | |

| | |
|---|--|
| Test room preparation | |
| Additional training in areas not excluded in 111.90(f)(5): List below (attach additional sheet if needed) | |
| | |
| | |
| | |

| 10. STATEMENT OF APPLICANT/ASSISTANT AND SUPERVISOR | |
|--|-------------------|
| <p>For the Assistant in Audiology: If I change supervisors, my new supervisor and I will submit a new Supervisory Responsibility Statement (SRS) form. I also understand that I may not practice until the department has approved a new supervisor. I also understand that without approval, disciplinary action shall be imposed. I certify that I understand that I DO NOT have a caseload; I help manage only my approved supervisor's caseload.</p> <p>For the Proposed Supervisor of the Assistant in Audiology: I agree that this assistant will not be allowed to practice until it has been verified that the assistant holds a current valid license, this form has been submitted, approved, and I have verified the online approval. I also agree to inform the department immediately, in writing, by email or fax when supervision has ceased. I agree to provide at least one (1) hour per week or four (4) hours per month of direct supervision. This applies whether the licensed assistant in audiology is employed full- or part-time. Telehealth provisions described under §111.212 may be used for direct supervision. When determining the amount and type of supervision, the department-approved supervisor must consider the skill and experience of the licensed assistant as well as the services to be provided. The supervision hours established in this paragraph may be exceeded as determined by the department-approved supervisor. I agree to supervise no more than a total of four (4) audiology interns and/or assistants, if an assistant holds a baccalaureate degree; or supervise no more than a total of two (2) audiology interns and/or assistants, if an assistant holds a high school diploma or equivalent.</p> <p>After the Proposed Supervisor(s) and the Assistant Review Department Rules 111 Subchapter P, Responsibilities of The Licensee and Code of Ethics, and Subchapter J, Requirements for Assistant in Audiology, <u>each supervisor</u> who agrees to accept responsibility for all services provided by the following individual (who is licensed or seeking a license as an assistant) must be listed on the completed <i>Supervisory Responsibility Statement (SRS) for Assistant in Audiology Form</i>.</p> <p>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.</p> | |
| <hr/> Signature of Supervisee | <hr/> Date |
| <hr/> Signature of Supervisor | <hr/> Date |