**TEXAS DEPARTMENT OF LICENSING & REGULATION**
P.O. Box 12157 • Austin, Texas 78711-2157
*www.tdlr.texas.gov*

# CLINICAL OBSERVATION AND EXPERIENCE FORM FOR SPEECH-LANGUAGE PATHOLOGY ASSISTANT INSTRUCTIONS

**TO BE COMPLETED BY COLLEGE/UNIVERSITY PROGRAM DIRECTOR OR APPROVED COLLEGE/UNIVERSITY DESIGNEE**

**PLEASE SUBMIT A COPY OF THIS FORM ALONG WITH YOUR APPLICATION AND TO YOUR PROPOSED SUPERVISOR.**

Rule §111.50(d)(1) requires that the applicant for the assistant license to have earned no fewer than twenty-five (25) hours of clinical observation in the area of speech-language pathology and twenty-five (25) hours of clinical assisting experience in the area of speech-language pathology obtained through an accredited college or university or in one of its cooperating programs.

If a Speech-Language Pathology Assistant has not completed the required 25 hours of clinical observation and 25 hours of clinical assisting experience through and accredited college or university, or one of its cooperating programs, the assistant must complete these hours under 100% direct supervision by an approved supervisor. This requirement must be met after the license is issued and before the assistant may begin practicing independently.

1. STUDENT'S NAME – Provide your 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.)
2. STUDENT'S SOCIAL SECURITY NUMBER – Social Security number disclosure is required by Section 231.302(1) of the Texas Family Code 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. COLLEGE OR UNIVERSITY NAME – Give the name of the COLLEGE OR UNIVERSITY.
4. HOURS EARNED – Indicate the number of hours earned in speech-language pathology, indicate "0" if non accrued.
5. PROGRAM DIRECTOR OR DIRECTOR DESIGNEE STATEMENT – Print name, signature and date of the college/

**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 and all attachments.

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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1. Name of Student:

Last Name _____ First Name _____ Middle Name _____ Suffix _____

2. Student Social Security #: _____

3. Name of College/University: _____

4. Indicate below the number of hours earned in speech-language pathology **(Enter "0" if none accrued.)**
**Note**: All hours must be earned in the same professional area for which the applicant is applying:

**Clinical Observation:** _____ **Number of clock hours earned**

**Clinical Experience:** _____ **Number of clock hours earned**

5. Program Director or Director Designee:

_____
Print Name

_____
Signature

_____
Date