

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

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

INTERN \_\_\_\_\_ Lic # \_\_\_\_\_

SUPERVISOR \_\_\_\_\_ Lic.# \_\_\_\_\_

Internship Began \_\_\_\_/\_\_\_\_/\_\_\_\_ Internship Ended \_\_\_\_/\_\_\_\_/\_\_\_\_

**For the Supervisor in Audiology:**

1. This internship included \_\_\_\_\_ number of clinical hours.
2. I certify that I supervised this intern in accordance with 22 T.A.C., §741.41 and §741.82 of the Board Rules, and I followed the agreement stated in the pre-approved Intern Plan and Agreement of Supervision.  
 Yes     No
3. **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    If yes, how many weeks? \_\_\_\_\_
4. Once the internship has been completed (and the intern license remains valid), an intern may continue to practice under supervision with the intern license while awaiting full licensure.

I WILL CONTINUE TO SUPERVISE THIS INTERN     Yes     No

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

\_\_\_\_\_  
Date

**For the Intern in Audiology:**

- 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 did not begin to practice until my license was issued and I was approved by the Board office to work under the supervision of the above supervisor (whose current Texas license I verified).
- I certify that I have read and discussed this Report with my Intern Supervisor.
- 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.

\_\_\_\_\_  
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. The completed form can be faxed to: (512) 834-6677, Attention: SPEECH.

[Speech@dshs.state.tx.us](mailto:Speech@dshs.state.tx.us)

State Board of Examiners for Speech-Language Pathology and Audiology  
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