

STATE BOARD OF EXAMINERS FOR SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY  
**SUPERVISORY RESPONSIBILITY STATEMENT (SRS) FOR SPEECH-LANGUAGE PATHOLOGY ASSISTANT FORM**  
Each supervisor must have an approved SRS for each assistant on file and must agree to all conditions.

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

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

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

**Deficient SRS will be emailed to the proposed supervisor's email address.** The Board Office no longer will email or fax SRS approvals.

After the Proposed Supervisor(s) and the Assistant review Board Rules 741 Subchapter D, Code of Ethics; Duties and Responsibilities of License Holders, and §741.64, Requirements for an Assistant in Speech-Language, **each supervisor** 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 *Supervisory Responsibility Statement (SRS) for Speech-Language Pathology Assistant Form* and **each supervisor** is responsible for the minimum two (2) hours of supervision per week. One of the hours must be in person supervision of the Assistant working directly with client(s). **Each supervisor must agree to all conditions in this agreement.**

**ASSISTANT NAME:**

\_\_\_\_\_

**Please check applicable box:**

- Initial SLP Asst License (SS #)** \_\_\_\_\_ (Has never held a SLP Asst license in Texas)
- Change of Supervisor** (Please note: ALL other supervisors will be removed.) **Texas SLP Asst License #:** \_\_\_\_\_
- Additional Supervisor** (Please list all other current supervisor(s) and their license number(s) on the line below. If the additional supervisor(s) is/are not listed, they will be removed. Remember each supervisor is to meet the supervision requirements listed below for their caseload. Each supervisor must complete a SRS and must supervise the Assistant the minimum of two hours weekly. One of the hours must be in person supervision of the Assistant working directly with client(s).) **Texas SLP Asst License #:** \_\_\_\_\_

**Other Current Supervisor(s) Name & License #:** \_\_\_\_\_

\_\_\_\_\_

**EMPLOYER:** The assistant shall be supervised at the following location.

**Employer:** \_\_\_\_\_

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

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

**Therapy Site(s)** (for example: private homes, schools, hospitals, day care centers nursing homes, clinics, etc.):

\_\_\_\_\_

\_\_\_\_\_

**FOR THE ASSISTANT IN SPEECH-LANGUAGE PATHOLOGY:**

- I certify that I have read Subchapter D, Code of Ethics; Duties and Responsibilities of License Holders, and §741.64, Requirements for an Assistant in Speech-Language and I understand the duties that may or may not be assigned to me.
- 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 board office has approved a new supervisor. I also understand that without such 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.
- My proposed supervisor has given me a copy of this form.

\_\_\_\_\_  
Assistant's Signature

\_\_\_\_\_  
Date

**FOR THE PROPOSED SUPERVISOR OF THE ASSISTANT IN SPEECH-LANGUAGE PATHOLOGY:**

- I certify that I have read Subchapter D, Code of Ethics; Duties and Responsibilities of License Holders, and §741.64, Requirements for an Assistant in Speech-Language Pathology. I understand which duties may and may not be assigned to the assistant and I understand my supervisory responsibilities.
- I agree to supervise this assistant in accordance with 22 T.A.C., Subchapter D and §741.64 and to follow the agreement stated in this *Supervisory Responsibility Statement (SRS) Form*.
- 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 board office immediately, **in writing, by email or fax** when supervision has ceased.
- **I shall provide a minimum of two hours of supervision per week (One hour must be in person direct supervision – Direct Supervision means the supervising SLP must be supervising the SLP Assist. while the SLP Assist. is directly working with clients and providing therapy services. One of the two hours of supervision must be conducted in an indirect method – Indirect Supervision may include review of data collection, report review, telephone or electronic communication, or other means of reporting.)**
- I agree to accept responsibility for the services for all clients on my caseload provided by this licensed assistant.
- I certify that I have practiced for at least 2 years, which can include an internship year (clinical fellowship) year.
- I agree to supervise no more than a total of four interns and/or assistants.

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

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

\_\_\_\_\_  
Date

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

**The completed form must be:**

**Email to: [speech@dshs.state.tx.us](mailto:speech@dshs.state.tx.us)**

Or: Fax to: (512) 834-6677, Attention: SPEECH

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

**Steps to View Approved Supervisors Online:**

1. Go to the Board's website at: [www.dshs.state.tx.us/speech](http://www.dshs.state.tx.us/speech)
2. Select the tab labeled: *Find a Licensee*
3. Select: *Live Online Verification*: [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.**

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