



STATE BOARD OF EXAMINERS FOR SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY

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COURSE WORK AND CLINICAL EXPERIENCE FORM FOR SPEECH-LANGUAGE PATHOLOGY INTERN

TO: COLLEGE/UNIVERSITY PROGRAM DIRECTOR OR APPROVED COLLEGE/UNIVERSITY DESIGNEE

The State Board of Examiners for Speech-Language Pathology and Audiology requests that you verify the course work and clinical experience for the individual named on this form. This information is necessary to process the applicant's request for a license.

Name of Student _____ Social Security #: _____

Name of College/University _____

COURSE WORK AND CLINICAL OBSERVATION/EXPERIENCE:

§741.62. Requirements for an Intern in Speech-Language Pathology License.

(a) An applicant for the intern in speech-language pathology license shall meet the requirements set out in the Act and §741.61(a)-(c) of this title (relating to Requirements for a Speech-Language Pathology License) for the intern license..

§741.61. Requirements for a Speech-Language Pathology License.

(a) An applicant for the speech-language pathology license shall meet the requirements set out in the Act and this section.

(b) The graduate degree shall be completed at a college or university which has a program accredited by a national accrediting organization that is approved by the board and recognized by the United States Secretary of Education under the Higher Education Act of 1965 (20 U.S.C., §1001 et seq.).

(1) Original or certified copies of the transcripts showing the conferred degree shall verify the applicant completed the following:

(A) at least 36 semester credit hours shall be in professional course work acceptable toward a graduate degree;

(B) at least 24 semester credit hours acceptable toward a graduate degree shall be earned in the area of speech-language pathology including normal development and use of speech, language, and hearing; prevention evaluation, habilitation, and rehabilitation of speech, language, and hearing disorders; and related fields that augment the work of clinical practitioners of speech-language pathology; and

(C) six semester credit hours shall be earned in the area of hearing disorders, hearing evaluation, and habilitative or rehabilitative procedures with individuals who have hearing impairment.

(2) A maximum of six academic semester credit hours associated with clinical experience and a maximum of six academic semester credit hours associated with a thesis or dissertation may be counted toward the 36 hours but not in lieu of the requirements of paragraphs (1)(B) and (1)(C) of this subsection.

(3) A quarter hour of academic credit shall be considered as two-thirds of a semester credit hour.

(4) An applicant who possesses a master's degree with a major in audiology and is pursuing a license in speech-language pathology may apply if the board has an original transcript showing completion of a master's degree with a major in audiology on file and a letter from the program director or designee of the college or university stating that the individual completed enough hours to establish a graduate level major in speech-language pathology and would meet the academic and clinical experience requirements for a license as a speech-language pathologist.

(5) An applicant who graduated from a college or university not accredited by the American Speech-Language Hearing Association Council on Academic Accreditation shall submit an original signed letter from the American Speech-Language-Hearing Association (ASHA) stating the Council for Clinical Certification accepted the course work and clinical experience. The applicant shall bear all expenses incurred during the procedure.

GRADUATE DEGREE TO BE CONFERRED:

The Act provides that an applicant who successfully completed all academic and clinical requirements but who has not had the degree officially conferred maybe licensed as an intern in order to begin the supervised professional experience. NOTE: All grades must be final. This document may only be signed if the grades are final and all that is pending is the conferred degree.

I certify that this applicant has completed all academic and clinical requirements for the graduate degree and has final grades for all academic and clinical requirements. _____ Yes _____ No

I certify that all that is pending for this applicant is the conferred degree. _____ Yes _____ No

I certify that the degree will be officially conferred on the following date: _____ / _____ / _____

Name of Program Director or Director Designee (Please Print)

Signature of Program Director or Director Designee

Date: _____