

STATE BOARD OF EXAMINERS FOR SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY
TEMPORARY CERTIFICATE OF REGISTRATION IN SPEECH-LANGUAGE PATHOLOGY PLAN
AND AGREEMENT OF SUPERVISION FORM

THIS FORM CONSTITUTES AN AGREEMENT BETWEEN THE BOARD, THE PROPOSED SUPERVISOR AND PROPOSED CERTIFICATE HOLDER APPLICANT. PLEASE READ CAREFULLY BEFORE YOU SIGN.

EMAIL TO: speech@dshs.state.tx.us

PROPOSED SUPERVISOR'S NAME: _____ TX Lic. # _____

PROPOSED SUPERVISOR'S EMAIL: _____

After the supervisor and the certificate holder review Board Rules §741.41- §741.45, Code of Ethics; Duties and Responsibilities of License Holders, and §741.65, Requirements for a Temporary Certificate of Registration in Speech-Language, the *Temporary Certificate of Registration in Speech-Language Pathology Plan and Agreement of Supervision Form* must be completed by the applicant and **each supervisor.**

PROPOSED CERTIFICATE HOLDER: _____

SS Number _____

Employer: _____ Hours Employed per week: _____

Address: _____

City/State/Zip: _____ Phone: () _____

FOR THE PROPOSED SUPERVISOR(S) OF THE PROPOSED SPEECH-LANGUAGE PATHOLOGY TEMPORARY CERTIFICATE OF REGISTRATION HOLDER:

Note: If multiple supervisors share responsibility for the applicant, each supervisor must complete and sign a *Temporary Certificate of Registration in Speech-Language Pathology Plan and Agreement of Supervision Form*. In accordance with Board Rule §741.62(g)(2), all supervisors are held to the same level of responsibility for the work of the named applicant.

Do you share supervisory responsibility? Yes No If yes, please list the other supervisor

Additional Supervisor: _____ Lic. # _____

Additional Supervisor: _____ Lic. # _____

FOR THE PROPOSED SUPERVISING SPEECH-LANGUAGE PATHOLOGIST:

- I certify that I have read and agree to supervise this proposed certificate holder in accordance with 22 TAC §741.41 - §741.45, Code of Ethics; Duties and Responsibilities of License Holders, and §741.65, Requirements for a Temporary Certificate of Registration in Speech-Language Pathology.
- I will not allow this applicant to practice until I have verified that the applicant holds a current valid temporary certificate of registration.
- I will supervise the certificate holder no fewer than four hours of direct in person supervision and four hours of indirect supervising activities shall be completed, during each eight week time period.
- I understand the temporary certificate of registration is only valid for a period of time ending eight weeks after the next scheduled praxis examination.
- I agree to accept responsibility for the services to the client that may be performed by this certificate holder.
- I understand that my license is subject to disciplinary action if any of the above is violated.

Proposed Supervisor's Signature # years of experience Date

FOR THE PROPOSED TEMPORARY CERTIFICATE OF REGISTRATION IN SPEECH-LANGUAGE PATHOLOGY

HOLDER:

- I certify that I have read §741.41 - §741.45, Code of Ethics; Duties and Responsibilities of License Holders, and §741.65, Requirements for a Temporary Certificate of Registration in Speech-Language Pathology License.
- I understand that my Intern in Speech-Language Pathology license is invalid 30 days past the date of the completed internship plan and I certify that I will not begin to practice until my temporary certificate of registration and been approved.
- I understand that I must be supervised no fewer than four hours of direct in person supervision and four hours of indirect supervising activities shall be completed.
- I understand the temporary certificate of registration is only valid for a period of time ending eight weeks after the next scheduled praxis examination.
- I understand that I must be supervised no fewer than four hours of direct in person supervision and four hours of indirect supervising activities shall be completed.
- I certify that I have checked and found my supervisor holds a current Texas speech-language pathology license.
- I certify that if I change supervisors, I will submit a current *Temporary Certificate of Registration in Speech-Language Pathology Plan and Agreement of Supervision Form*, and I will not resume practice until I receive approval from the board office.
- I certify that I understand that I must apply for full licensure before this certificate expires per §741.65(b), if I wish to continue to practice. If I do not pass the Praxis exam, I must apply for an assistant license.

Proposed Temporary Certificate of Registration Holder's Signature

Date

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

Please review to be sure all information is completed correctly. Incomplete forms will be returned and may delay your approval. The Board Office will no longer fax Supervision Agreement Plan confirmations. Approval for each supervisor is still required prior to the temporary certificate holder begins to practice; however, approval can be viewed online.

Steps to View Approved Supervisors Online:

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

Please allow a minimum of 5 days processing time.

ONLY CURRENT FORMS FROM WEBSITE WILL BE ACCEPTED. www.dshs.state.tx.us/speech