



STATE BOARD OF EXAMINERS FOR SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY

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CLINICAL OBSERVATION AND EXPERIENCE FORM
(Applicant for Assistant In Speech-Language Pathology License)

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

Name of student: _____ **Social Security #:** _____

Name of college/university: _____

Board Rule §741.64(a)(3) requires the applicant for the assistant license to have earned at least 25 hours of clinical observation and 25 hours of clinical experience within an educational institution or in one of its cooperating programs. An assistant is an individual who possesses a baccalaureate degree with an emphasis in speech-language pathology and who may only practice under supervision.

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

Clinical Observation:

_____ **Number of clock hours earned**

Clinical Experience:

_____ **Number of clock hours earned**

Name of Program Director or Director Designee

Signature of Program Director or Director Designee

Date

NOTE: (Form for college/university use only.)

PLEASE COMPLETE AND RETURN THIS FORM TO:

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

Or emailed to: Speech@dshs.state.tx.us

Or by mail to:

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