

Exception Request to Supervise More than Four Interns and/or Assistants

Effective March 22, 2006:

§741.44(b) A supervisor of an intern or assistant shall: (4) supervise no more than a total of four interns and/or assistants. An exception may be made allowing supervision of more than four individuals if the supervisor submits documentation demonstrating their ability to manage the entire caseload. The board's designee will determine if an exception is granted. (Note: The Board's designee shall evaluate the request and approve or disapprove it within 15 working days of receipt by the Board.)

Please complete all questions and provide a signed copy of the proposed Intern Plan for Interns or proposed Supervisory Responsibility Statement (SRS) for Assistants with this request. Do not include or list requested intern or assistant on this exception. Requests will not be considered without Intern Plan or SRS.

If more information is requested by the board designee, the applicant has 15 business days to respond. If no response is received within the 15 business day, the request will be null and void.

Please include a fax number. Exception Request Approvals will only be faxed.

Please review to be sure all information is correctly completed. Incomplete forms will be returned and will delay your approval. The completed form can be mailed to the Board office address:

Faxed to: (512) 834-6677, Attention: Speech

Speech-Language Pathologist or Audiologist requesting exception to Rule §741.44(b)(4):

(If employed at more than one location, please provide information on separate sheet.)

Name:	License #:
Employer:	
Address:	
City/State/Zip:	
Phone Number:	
Fax Number:	
Email Address:	

Number of hours/week you are employed	
Total number of cases for which you are <i>currently</i> responsible for	
Your current caseload seen by you	
Your current caseload seen by supervised assistants	
Your current caseload seen by supervised interns	

CURRENT INTERNS/ASSISTANTS SUPERVISED:

Do you **currently** supervise any Interns/Assistants? Yes No

If yes, provide the following for each Intern/Assistant supervised and indicate if the individual is an Intern or Assistant.

Name:	Intern <input type="checkbox"/> Assistant <input type="checkbox"/> License #:
Number of hours/week employed:	
Employer:	
Therapy Site(s)*:	

Name:	Intern <input type="checkbox"/> Assistant <input type="checkbox"/> License #:
Number of hours/week employed:	
Employer:	
Therapy Site(s)*:	

Name:	Intern <input type="checkbox"/> Assistant <input type="checkbox"/> License #:
Number of hours/week employed:	
Employer:	
Therapy Site(s)*:	

Name:	Intern <input type="checkbox"/> Assistant <input type="checkbox"/> License #:
Number of hours/week employed:	
Employer:	
Therapy Site(s)*:	

*** For example: private homes, schools, hospitals, day care centers, nursing homes, clinics, etc.**

Total number of cases for which you would *become* responsible (i.e., all cases to be seen by you and all proposed supervised Interns/Assistants) _____

