



TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

www.tdlr.texas.gov

REPORT OF COMPLETED TRAINING FOR AN ASSISTANT IN AUDIOLOGY INSTRUCTIONS

1. ASSISTANT'S NAME – Provide your legal name in the spaces provided. (Last Name, First Name, Middle Initial, Suffix) Examples of a suffix include Jr., Sr., and II. (Mr. is not a suffix.)
2. ASSISTANT'S LICENSE NUMBER – Provide the license number of the Assistant in Audiology.
3. SUPERVISOR'S NAME – Provide your legal name in the spaces provided. (Last Name, First Name, Middle Initial, Suffix) Examples of a suffix include Jr., Sr., and II. (Mr. is not a suffix.)
4. SUPERVISOR'S LICENSE NUMBER – Provide the license number of the Supervising Audiologist.
5. CLINICAL ASSISTING EXPERIENCE HOURS – Indicate the hours and competency achieved by the Audiology Assistant in the areas trained.
6. SUPERVISOR IN AUDIOLOGY – Indicate Yes or No for questions listed.
7. LICENSED ASSISTANT IN AUDIOLOGY AND SUPERVISING AUDIOLOGIST SIGNATURE AND DATE – Sign and date the form.

SEND YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:

Texas Department of Licensing and Regulation
P.O. Box 12157
Austin, TX 78711-2157

Documents submitted with your application will not be returned. Keep a copy of your completed application, all attachments, and you check or money order. **Do not send cash.**

For additional information and questions, visit the [TDLR website](#) or reach Customer Service via [webform](#). The webform will allow you to submit your request for assistance and include attachments needed. Customer Service Representatives are available Monday through Friday (excluding holidays) at (800) 803-9202 (in state only), (512) 463-6599, or Relay Texas-TDD: (800) 735-2989.

TDLR PUBLIC INFORMATION ACT POLICY:

This document is subject to the Texas Public Information Act. With certain exceptions, information in this document may be made available to the public. For more information, view the [TDLR Public Information Act Policy](#).



REPORT OF COMPLETED TRAINING FOR AN ASSISTANT IN AUDIOLOGY

1. Assistant's Name: (please print)	2. License Number:								
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width:30%;"></td> <td style="border-bottom: 1px solid black; width:20%;"></td> <td style="border-bottom: 1px solid black; width:10%;"></td> <td style="border-bottom: 1px solid black; width:40%;"></td> </tr> <tr> <td style="font-size: small; text-align: center;">Last Name</td> <td style="font-size: small; text-align: center;">First Name</td> <td style="font-size: small; text-align: center;">Middle</td> <td style="font-size: small; text-align: center;">Suffix (Jr., Sr., III)</td> </tr> </table>					Last Name	First Name	Middle	Suffix (Jr., Sr., III)	
Last Name	First Name	Middle	Suffix (Jr., Sr., III)						

3. Supervisor's Name: (please print)	4. License Number:								
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width:30%;"></td> <td style="border-bottom: 1px solid black; width:20%;"></td> <td style="border-bottom: 1px solid black; width:10%;"></td> <td style="border-bottom: 1px solid black; width:40%;"></td> </tr> <tr> <td style="font-size: small; text-align: center;">Last Name</td> <td style="font-size: small; text-align: center;">First Name</td> <td style="font-size: small; text-align: center;">Middle</td> <td style="font-size: small; text-align: center;">Suffix (Jr., Sr., III)</td> </tr> </table>					Last Name	First Name	Middle	Suffix (Jr., Sr., III)	
Last Name	First Name	Middle	Suffix (Jr., Sr., III)						

5. Clinical assisting experience hours:

I, the supervisor, certify that I have provided 100% direct supervision of the job-specific competency-based training that is required of the assistant in audiology, and that the assistant named above is able to perform all tasks competently for which the assistant has been trained.

I, the supervisor, certify the licensed assistant worked solely with my assigned cases under 100% direct supervision.

Training Areas	Number of hours trained	Check if competency achieved
Basic audiology screening procedures (pure tone screening, otoacoustic emissions screening, immittance screening, or screening ear canal status with an otoscope)		<input type="checkbox"/>
Maintaining clinical records.		<input type="checkbox"/>
Preparing clinical materials.		<input type="checkbox"/>
Perform preventative maintenance checks and safety checks of equipment.		<input type="checkbox"/>
Biologic and electroacoustic calibration of audiometric equipment.		<input type="checkbox"/>
Hearing aid and earmold maintenance.		<input type="checkbox"/>
Electrode placement and patient preparation.		<input type="checkbox"/>
Case history and/or self-assessment forms.		<input type="checkbox"/>
Play audiometry, visual reinforcement audiometry, and picture-pointing speech audiometry.		<input type="checkbox"/>
Assisting in the evaluation of difficult-to-test-patients.		<input type="checkbox"/>
Test room preparation		<input type="checkbox"/>
Additional training in areas not excluded in 111.92 below (Attach additional sheets if required)		
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

NOTE: 111.91 Supervision Requirements
 TDLR may audit a random sampling of licensed assistants for compliance with this section and 111.91 of this title (relating to Supervision Requirements).

6. Supervisor in Audiology:

- A. I certify that I trained this assistant in accordance with 111.91 of the agency rules, and I followed the agreement stated in the Supervisor Responsibility Statement. Yes No
- B. I certify that I have maintained supervision logs and I am aware that I may be randomly audited, as per 111.91. Yes No
(Please note logs are submitted only if you are selected for supervision audit.)
- C. I certify that this licensed assistant has successfully completed the specified training with 100% direct supervised training. Yes No
- D. This licensed assistant has successfully completed the specified training. Yes No
(If No, please submit reason on separate paper.)

7. Assistant in Audiology and Supervising Audiologist Signature and Date:

By the signatures below, we certify that we have read and will comply with all applicable provisions of the Speech-Language Pathology and Audiology Act; Texas Occupation Code, Chapter 401 and Chapter 51; Texas Administrative Code, Chapter 111; and the Speech-Language Pathology and Audiology Administrative Rules, We understand that providing false information on this application may result in denial of this application and/or revocation of the license we are requesting and the imposition of administrative penalties.

Signature of Licensed Assistant

Signature of Supervising Audiologist

Date

Date