Application Checklist for Foreign-Educated Graduates

Required Professional Experience

Audiologists

Visit our Frequently Asked Questions page (link available under the Applicant/Registrant tab) for more information. If you need additional assistance, please email the Board at speechandhearing@dca.ca.gov

Items 1 – 5 must be submitted and on file before documentation can be placed in queue for out-of-country education review for acceptable equivalency by a Board Subject Matter Expert.

1. **Application**
   - Please answer all questions.

2. **Fees**
   - Check or Money Order to the Board for $35, made payable to SLPAHADB. Must be U.S. funds.

3. **Report of Clinical Practicum (Foreign-Educated Applicants)**
   - Please request the current training program director to complete and sign a document with a breakdown of audiology services provided during rotations to the following age ranges: Birth-5, 6-22, 23-61, and 62+ with a grand total of a minimum of 300 clock hours. Please provide the signed form with the application.

4. **Syllabi in English for All Undergraduate and Graduate Courses**
   - Can be submitted with application or can be emailed as PDF attachments immediately after application filing.

5. **Coursework Evaluation Report**
   - Course-by-course evaluation must include certified transcript copies and should be sent directly to the Board from an accredited foreign credentials evaluation service OR included in evaluation service-sealed envelope in the application package.

     Please note that items 3-5 will be placed in queue for licensed Subject Matter Expert out-of-country education review based on the final required documentation received date. The amount of time the materials spend in queue is highly variable and depends on Subject Matter Expert availability.

Once your coursework is approved by a licensed Subject Mater Expert, you will be sent an email to continue with the application process and submit items 6 – 9. Items 6-8 must be submitted together

6. **Application to Supervise a Temporary RPE – Foreign-Educated Audiologist**

7. **Copy of Front and Back of Social Security Card**
   - Please remember to sign your card.

8. **Fingerprints**
   - California applicants are required to use Live Scan for fingerprinting. Fees are paid directly to the Live Scan operator. Most applicants use this preferred method. Please submit a copy of the completed form.
   - Out-of-State/Country applicants are required to submit two fingerprint cards (FD-258) and a check or money order to the Board for $49.00 (DOJ and FBI processing fee). The template is located under the Forms/Publications tab.
     - One (1) check or money order in the amount of $84 ($35 application fee and $49 fingerprint card processing fees) may be submitted. Please make check or money order payable to SLPAHADB.

9. **National Exam Score**
   - Minimum passing score is 170 for Praxis Series 5342 and 162 for Praxis Series 5343.
   - Must be passed within the five years prior to application filing or during the RPE.
   - Must be sent to the Board electronically from Praxis/ETS to reporting code **8544**.

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Audiology
REQUIRED PROFESSIONAL EXPERIENCE (RPE) APPLICATION
Foreign Educated Temporary License
$35.00

INSTRUCTIONS: Do not print this application double-sided. DO NOT USE WHITE-OUT. Any corrections to this form must be crossed out and initialed. **NOTE: DO NOT USE THIS APPLICATION IF YOU COMPLETED A DOCTORATE DEGREE IN AUDIOLOGY FROM A U.S. INSTITUTION.**

Professional services can only start upon the issuance of the RPE temporary license.

1. FULL LEGAL NAME: LAST FIRST MIDDLE

2. OTHER NAMES YOU HAVE USED (INCLUDING MAIDEN):

3. STREET ADDRESS CITY STATE ZIP

4. PERSONAL TELEPHONE: BUSINESS TELEPHONE:

5. SOCIAL SECURITY NUMBER (SSN) / INDIVIDUAL TAXPAYER IDENTIFICATION NUMBER (ITIN):

6. DATE OF BIRTH: (MM/DD/YYYY)

7. EMAIL ADDRESS:

8. ARE YOU ACTIVE DUTY MILITARY PERSONNEL OR HONORABLY DISCHARGED VETERAN? YES NO

By checking yes, you may qualify for expedited application processing. An applicant for expedited application processing must meet the following requirement: 1) supply satisfactory evidence with the application that the applicant is serving as an active duty member of the armed forces for the United States or was honorably discharged (DD-214).

9. ARE YOU A SPOUSE OR REGISTERED DOMESTIC PARTNER OF ACTIVE DUTY MILITARY PERSONNEL STATIONED IN CALIFORNIA AND DO YOU HOLD A VALID LICENSE TO PRACTICE IN ANOTHER STATE? YES NO

By checking yes, you may qualify for expedited application processing. An applicant for expedited application processing must meet the following requirements: 1) provide satisfactory evidence with the application that you are married to, or in a domestic partnership or other legal union with, an active duty member of the armed forces of the United States who is assigned to a duty station in California under official active duty orders; and 2) hold a current license in another state, district, or territory of the United States in Audiology and provide evidence of the license with the application.

10. BUSINESS AND PROFESSIONS CODE SECTION 135.4 PROVIDES THAT THE BOARD MUST EXPEDITE, AND MAY ASSIST WITH, THE INITIAL LICENSURE PROCESS FOR CERTAIN APPLICANTS DESCRIBED BELOW.

Do any of the following statements apply to you? YES NO

- You were admitted to the United States as a refugee pursuant to section 1157 of title 8 of the United States Code;
- You were granted asylum by the Secretary of Homeland Security or the United States Attorney General pursuant to section 1158 of title 8 of the United States code; or,
- You have a special immigrant visa and were granted a status pursuant to section 1244 of Public Law 110-181, Public Law 109-163, or section 602(b) of title VI of division F of Public Law 111-8, relating to Iraqi and Afghan translators/interpreters or those who worked for, or on behalf of, the United States government.

If you selected yes, then you must attach evidence of your status as a refugee, asylee, or special immigrant visa holder. Failure to do so will result in application review delays.

11. PURSUANT TO BUSINESS AND PROFESSIONS CODE SECTION 115.4, BEGINNING JULY 1, 2024, THE BOARD/BUREAU SHALL EXPEDITE THE INITIAL LICENSURE PROCESS FOR AN APPLICANT WHO IS AN ACTIVE DUTY MEMBER OF THE US ARMED FORCES AND ENROLLED IN THE US DEPARTMENT OF DEFENSE SKILLBRIDGE PROGRAM.

Do you request expediting of your application under this authority? YES NO

If you select YES, you must attach documentation of enrollment to this application.

12. WHAT IS THE ENTRY LEVEL DEGREE TO PRACTICE AUDIOLOGY IN YOUR COUNTRY?

Bachelors in: _____ Masters in: _____ Doctorate in: _____

13. UNDERGRADUATE AND GRADUATE PROGRAMS				
INSTITUTION NAME	LOCATION/ COUNTRY	MAJOR FIELD OF STUDY	DEGREE RECEIVED	DATE DEGREE RECEIVED

	YES	NO
14. Have you passed the Educational Testing Service/National Teacher Examination (NTE) (The Praxis series) in audiology within the last five years?		
15. Have you completed any portion of your Externship/RPE in another state?		
16. Have you ever been licensed to practice Speech-Language Pathology in any state or country? If yes, list the state(s) or country? _____ If yes, list your license number(s): _____		
DISCIPLINARY INFORMATION *A YES answer to any of the questions below requires you to complete and submit the Discipline Reporting Form.*	**YES**	**NO**
14. Have you ever been the subject of a disciplinary action or do you have any *pending* disciplinary action taken, or charges filed against, any Speech-Language Pathology, audiology, hearing aid dispensing, or other healing arts license, including any disciplinary action taken by any other state or federal government entity? *This includes, but is not limited to, suspension, revocation, probation, confidential discipline, consent order, letter of reprimand or warning, or any other restriction of actions taken against a license.*		
15. Do you have any pending investigations by any state or federal agencies against you?		
16. Have you been denied a license to practice Speech-Language Pathology, Audiology, Hearing Aid Dispensing, or other healing arts profession, in any state or country?		
17. Have you voluntarily surrendered a license to practice Speech-Language Pathology, Audiology, Hearing Aid Dispensing, or other healing arts, in another state or country?		

I hereby certify under penalty of perjury under the laws of the State of California that all statements made herein are true in every respect and that misstatements or omissions of material facts may be cause for denial of this application or for suspension or revocation of a license.

APPLICANT'S SIGNATURE: _____ DATE SIGNED: _____

INFORMATION COLLECTION AND ACCESS: The information requested on this application is mandatory and will be used to process this application. The Executive Officer of the Speech-Language Pathology, Audiology, and Hearing Aid Dispensers Board is responsible for maintaining the information in this form, and may be contacted at 1601 Response Road, Suite 260, Sacramento, CA 95815, 916-287- 7915 regarding questions about this notice or access to records. Information provided may be transferred to other governmental and enforcement agencies as necessary to permit the Board, or the transferee agency, to perform its statutory or constitutional duties, or otherwise transferred or disclosed as provided in Civil Code section 1798.24. Each individual has the right to review his or her file, except as otherwise provided by the Information Practices Act. Certain information provided may be disclosed to a member of the public, upon request, under the California Public Records Act. Disclosure of your social security number is mandatory, and collection is authorized by Business and Professions section 30. Your social security number will be used exclusively for tax enforcement purposes and investigation of violations of cash-pay reporting laws as set forth in Unemployment Insurance Code section 329, for compliance with any judgment or order for family support in accordance with Business and Professions Code section 30 and Family Code section 17520, or for verification of licensure or examination status by a licensing or examination board. If you fail to disclose your social security number, then you may be reported to the Franchise Tax Board and be assessed a penalty of $100 in accordance with Revenue and Taxation Code section 19528. Pursuant to Business and Professions Code section 31(e), the California Department of Tax and Fee Administration and the Franchise Tax Board may share taxpayer information with the Board. If a registrant does not pay his or her state tax obligation, then the license or registration may be suspended.

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APPLICATION TO SUPERVISE A TEMPORARY RPE
Audiology Foreign Educated

INSTRUCTIONS: Do not print this application double-sided. Applicant completes **Part A** and supervisor completes **Part B**. DO NO USE WHITE-OUT. Any corrections to this form must be crossed out and initialed.

Professional services can only start upon the issuance of the RPE temporary license.

PART A – Personal Information

1. FULL LEGAL NAME: LAST FIRST MIDDLE	
2. OTHER NAMES YOU HAVE USED (INCLUDING MAIDEN):	
3. STREET ADDRESS:	
CITY, STATE, ZIP CODE:	
4. PERSONAL TELEPHONE:	BUSINESS TELEPHONE:
5. SOCIAL SECURITY NUMBER (SSN) / INDIVIDUAL TAXPAYER IDENTIFICATION NUMBER (ITIN):	
6. DATE OF BIRTH: (MM/DD/YYYY)	
7. EMAIL ADDRESS:	

PART B – To be completed by the RPE Supervisor

Refer to Title 16, California Code of Regulations, Section 1399.153.3 for supervisor's responsibilities.

8. FULL LEGAL NAME OF SUPERVISOR: LAST FIRST MIDDLE	
STREET ADDRESS:	
CITY, STATE, ZIP CODE:	
9. BUSINESS TELEPHONE:	AU LICENSE NUMBER:
10. EMAIL ADDRESS:	
11. PROPOSED START DATE: AS SOON AS APPROVED _____ FUTURE DATE: _____ **Professional services can only start upon the issuance of the RPE temporary license.**	
12. NUMBER OF RPE EMPLOYMENT HOURS PER WEEK: 30-40 (FULL-TIME) 15-29 (PART-TIME)	

PART B – Continued

13. LIST OF LOCATION(S) WHERE FUNCTIONS WILL BE PERFORMED: (DO NOT PROVIDE CONTRACT AGENCY NAME AND ADDRESS)

FACILITY OR SCHOOL NAME (DO NOT USE ABBREVIATIONS)	ADDRESS	CITY, STATE, ZIP CODE
FACILITY OR SCHOOL NAME (DO NOT USE ABBREVIATIONS)	ADDRESS	CITY, STATE, ZIP CODE
FACILITY OR SCHOOL NAME (DO NOT USE ABBREVIATIONS)	ADDRESS	CITY, STATE, ZIP CODE

14. IS/ARE THE SETTING(S) LISTED IN QUESTION #13 A SCHOOL SETTING? YES NO _____

IF YES, IS THE RPE: A SALARIED EMPLOYEE OF THE SCHOOL OR COUNTY OFFICE OF EDUCATION.

PAID BY A CONTRACT AGENCY AND PLACED IN THE SCHOOL.

15. SUPERVISION:

THE RPE WILL BE WORKING FULL-TIME AND I AGREE TO PROVIDE EIGHT HOURS OF DIRECT MONITORING EACH MONTH. AT LEAST FOUR OF THE EIGHT HOURS WILL BE IN SCREENING, THERAPY, AND EVALUATION.

THE RPE WILL BE WORKING PART-TIME AND I AGREE TO PROVIDE FOUR HOURS OF DIRECT MONITORING EACH MONTH. AT LEAST TWO OF THE FOUR HOURS WILL BE IN SCREENING, THERAPY, AND EVALUATION.

I, the RPE applicant, have discussed the plan for supervision with this supervisor and agree to its implementation. I will not provide professional services until I have been issued an RPE temporary license. I further certify under penalty of perjury under the laws of the State of California that all statements made in the application are true and correct. Any misrepresentation may be cause for denial of my license.

APPLICANT'S SIGNATURE: _____ DATE SIGNED: _____

I, the RPE supervisor, have discussed the plan for supervision with the RPE applicant and hereby accept professional and ethical responsibility for his or her performance. I understand that professional services cannot be rendered until an RPE temporary license has been issued. I further certify under penalty of perjury under the laws of the State of California that all statements made in Part B are true and correct.

SUPERVISOR'S SIGNATURE: _____ DATE SIGNED: _____

REQUIRED PROFESSIONAL (RPE) TEMPORARY LICENSE

✦Duties and Responsibilities of Applicant✦

RPE temporary license applicant must read and sign this form under the penalty of perjury.

1) I have read and understand the laws and regulations pertaining to the responsibilities of an RPE temporary license holder.

2) My supervisor shall maintain a current license issued by the Board during the time of my supervision. If my supervisor's license expires during the course of professional experience, then I will immediately notify the board. *A supervisor's license may be verified at any time on the Board's website.*

3) I understand that my work plan can be 12 months of full-time professional experience (defined as 30-40 hours per week) with at least eight hours of direct monitoring per month or 24 months of part-time professional experience (defined as 15-29 hours per week) with at least four hours of direct monitoring per month.

4) If there is a break in professional experience due to a medical reason, then it is my responsibility to notify the Board of the exact dates of the absence. I will not receive credit for the break in professional experience.

5) At the time of supervision completion, I will ensure that my supervisor completes the RPE Verification Form and submits within 10 days of supervised experience completion or change in supervision.

APPLICANT'S SIGNATURE	PRINTED FULL LEGAL NAME OF APPLICANT	DATE

✦ Duties and Responsibilities of Supervisor ✦

RPE applicant supervisor must read and sign this form under the penalty of perjury.

1) I possess the qualification to supervise an RPE applicant: a California AU license issued by the Board.

2) I agree to ensure that my California license is renewed in a timely manner. Failure to do so could result in a loss of credit for professional experience by the RPE.

3) I agree to provide eight hours direct monitoring per month for each full-time RPE (defined as 30-40 hours per week) and four hours direct monitoring per month for each part-time RPE (defined as 15-29 hours per week).

4) I will not supervise a greater number than three RPEs at any one time pursuant to California Code of Regulations Section 1399.153.4.

5) I will immediately notify the RPE of any disciplinary action against my license, including revocation, suspension (even if stayed), probation terms, inactive status, or lapse in licensure that affects my qualification to supervise.

6) I have read and understand the laws and regulations pertaining to the supervision of the RPE and the professional experience required.

7) I will ensure that the extent, type, and quality of the clinical work performed is consistent with the training and professional experience of the RPE and shall be accountable for the assigned duties performed by the RPE.

8) At the time of supervision completion, I will complete the RPE Verification Form. I will submit the originally signed form to the Board within 10 calendar days of supervised experience completion or termination of supervision.

9) I have completed the initial six hours of continuing professional development in supervision training and will complete three hours every four years thereafter.

SUPERVISOR'S SIGNATURE	PRINT FULL LEGAL NAME OF SUPERVISOR	LICENSE NO.	DATE

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PRAXIS EXAMINATION INFORMATION
AUDIOLOGY: FOREIGN-EDUCATED

All applicants must submit a passing score on the required specialty examination.

The minimum passing score is 170 for Praxis Series 5342 and 162 for Praxis Series 5343

These examinations are offered at various sites throughout California, the United States and internationally according to an annual schedule set by the Education Testing Service (ETS). When filing for the Praxis, please arrange to have a copy of your score sent electronically to the Board using the following Reporting Code: **8544**.

Applications may be obtained from:

The Praxis Scores
Educational Testing Services
PO Box 6051
Princeton, NJ 08541-6051
(609) 771-7395

The examination may be taken and passed at any time within the five-year period prior to filing an application for permanent licensure or it may be taken while the Required Professional Experience (RPE) is being completed. It takes approximately six weeks for ETS to process and send out scores. It is not recommended that you wait until the end of your RPE to sit for the examination. There are no limits on the number of times the examination may be taken.

Failure to submit scores to the Board before completion of RPE will result in the delay of permanent licensure.

(REV 11.2021)

FOREIGN CREDENTIALS EVALUATION SERVICES

Below are examples of California agencies that determine United States equivalency of education obtained outside of the United States. The agencies are approved by the American Speech-Language-Hearing Association (ASHA) and are members of the National Association of Credential Evaluation Services (NACES), an association of private foreign credential evaluation services dedicated to promoting excellence and committed to setting the standard for their profession.

The course-by-course evaluation report must be sent to the Board directly from the agency or submitted in the evaluation service-sealed envelope with the application. The report must demonstrate equivalency to a doctorate degree in audiology or, if conferred prior to 2008, a master's degree in audiology.

A2Z Evaluations, LLC.
Davis, California

Center for Applied Research, Evaluation, and Education, Inc.
Anaheim, California

Educational Records Evaluations Service, Inc.
Sacramento, California

International Education Research Foundation, Inc.
Culver City, California