CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR

SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY & HEARING AID DISPENSERS BOARD
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TEMPORARY REQUIRED PROFESSIONAL EXPERIENCE (RPE) LICENSE EXTENSION APPLICATION

$35 (non-refundable)

You may not continue to provide professional services unless you have received approval from this office. If you do not receive approval, you must cease providing services when your RPE license expires. RPE extensions cannot be approved if the work experience has been completed.

Please check applicable: ☐ Speech-Language Pathologist ☐ Audiologist

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, PHONE NUMBER:	5. EMAIL ADDRESS:		
6. SOCIAL SECURITY NUMBER (SSN) OR INDIVIDUAL TAX IDENTIFICATION NUMBER (ITIN):			
7. RPE LICENSE NUMBER:	8. RPE LICENSE EXPIRATION DATE:		
9. NUMBER OF RPE EMPLOYMENT HOURS WEEK:	10: PROPOSED START DATE OF EXTENSION:		
11. NAME OF SUPERVISOR: LAST FIRST		12. LICENSE NUMBER	
13. ADDRESS:	CITY	STATE	ZIP CODE
14. PHONE:	15. EMAIL ADDRESS:		

16 . ARE YOU, A SPOUSE, OR DOMESTIC PARTNER OF ACTIVE-DUTY MILITARY PERSONNEL? YES ☐ NO ☐

If yes, you may qualify for expedited application processing. An applicant for expedited application processing must meet the following requirements: 1) provide evidence that the applicant is 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 speech-language pathology or audiology.

17. ARE YOU AN HONORABLY DISCHARGED VETERAN OF THE ARMED FORCES? YES ☐ NO ☐

If yes, you may qualify for expedited application processing. An applicant for expedited application processing must meet the following requirement: 1) supply satisfactory evidence to the board that the applicant has served as an active-duty member of the Armed Forces of the United States and was honorably discharged.

18. LIST OF FACILITY WHERE SERVICES WILL BE PERFORMED:

FACILITY NAME: COMPLETE ADDRESS:

_____ _____

_____ _____

19. ARE YOU EMPLOYED AS A SALARIED EMPLOYEE OF A PUBLIC SCHOOL SETTING(S) LISTED IN QUESTION #9? YES ☐ NO ☐

A YES answer to any of the questions below (19 through 24), requires you to complete and submit the Conviction and Discipline Reporting Form.
DO NO RESUBMIT ANY DOCUMENTS YOU PREVIOUSLY SUBMITTE TO THE BOARD.

SINCE THE ISSUANCE OF YOUR TEMPORARY LICENSE HAVE YOU:	**YES**	**NO**
19. Been the subject of a disciplinary action or have any *pending* disciplinary action taken or charges filed against any speech-language pathology, audiology, hearing aid dispensing, or other healing arts license? Include 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.	☐	☐
20. Had any pending investigations by any State or Federal agencies against you?	☐	☐
21. Been denied a license to practice speech-language pathology, audiology, hearing aid dispensing, or other healing arts in any state or country?	☐	☐
22. Voluntarily surrendered a license to practice speech-language pathology, audiology, hearing aid dispensing, or other healing arts in another state or country?	☐	☐
23. Been convicted of, or pled nolo contendere to **any** criminal offense, misdemeanor or felony from any state, the United States, its territories or a foreign country? (This includes any citation, infraction, misdemeanor and/or felony, excluding violations of minor traffic laws not involving alcohol or drugs which result in fines of $300 or less. Note: convictions that were later dismissed pursuant to Sections 1203.4, 1203.4a, or 1203.41 of the California Penal Code or equivalent non-California law **must** be disclosed. Convictions that were adjudicated in the juvenile court or convictions under California Health and Safety Code Sections 11357(b),(c),(d),(e), or section 11360(b) that are two years or older should **not** be reported*).* You must also submit a certified copy of any court order dismissing a conviction pursuant to Penal Code Sections 1203.4, 1203.4a, or 1203.41.	☐	☐
24. Been required to register as a sex offender pursuant to section 290 of the Penal Code, or the equivalent in another state or territory, or military or federal law?	☐	☐

I, the RPE applicant, have discussed the plan for supervision with this supervisor and agree to its implementation and will not provide professional services until I have been issued a 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: _____

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 extension of the 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: _____

✦Duties and Responsibilities of Applicant✦

RPE temporary license applicants and applicant's supervisor must read and sign this form under the penalty of perjury, and the form will need to be submitted with the completed RPE extension application.

1) I have read and understand the excerpts of the laws and regulations, included with my application, 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, I will immediately notify the board. A supervisor's license will be verified when applying for an RPE license or extension and can be verified anytime at the Board's website.

3) I understand my work plan can be 36 weeks full-time for speech-language pathology or 12 months for audiology of full-time professional experience (defined as 30-40 hours per week) with eight hours of direct supervision per month or 72 weeks for speech-language pathology, or 24 months for audiology of part-time professional experience (defined as 15-29 hours per week) with four hours of direct supervision per month.

4) If there is a break in professional experience due to a medical reason, it is my responsibility to notify the Board of the exact dates of the absence. Work experience will not be verified when there is a break in professional services.

5) At the time of termination of supervision, I will ensure my supervisor completes the RPE Work Experience Verification form. I understand it is my responsibility to submit the verification form.

Applicant's Signature	Printed Full Legal Name of Applicant	RPE #	Date
_____	_____	_____	_____

✦Duties and Responsibilities of Supervisor✦

1) I possess the following qualification to supervise an RPE applicant: a California SLP or AU license; or (if employed by a public school) a clear, valid, teaching credential authorizing services in language, speech, and hearing issued by the Commission on Teacher Credentialing.

2) I agree to ensure that either my SLP California license or my teaching credential is renewed in a timely manner. If the license is not renewed and goes to delinquent status, the professional services rendered during this type by the RPE will not be verified.

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

4) I will not supervise more than three RPE's at any one time pursuant to California Code of Regulations Section 1399.153.4. unless I have been approved by the board to supervise more than three RPEs.

5) I will immediately notify the RPE of any disciplinary action, including revocation, suspension (even if stayed), probation terms, inactive licensure, or lapse in licensure that affects my ability or right 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 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) I have completed the initial six hours of continuing professional development in supervision training and will complete three hours of continuing professional development in supervision every four years thereafter.

Supervisor's Signature (type written fonts are not acceptable)	Print Full Legal Name of Supervisor	License NO. or Credential NO.	DATE
_____	_____	_____	_____