CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

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

SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY & HEARING AID DISPENSERS BOARD
1601 Response Road, Suite 260, Sacramento, CA 95815
P (916) 287-7915 | www.speechandhearing.ca.gov

SPEECH-LANGUAGE PATHOLOGY REQUIRED PROFESSIONAL EXPERIENCE (RPE)
CLINICAL PRACTICUM/UNIVERSITY RECOMMENDATION

This form is for use by current and recent graduates who:

- completed the clinical practicum hours for a master's degree from a California-approved training program (this includes ASHA-approved training programs);
- are being recommended by their university for the RPE temporary license.

APPLICANT INFORMATION

1. FULL LEGAL NAME: LAST	FIRST	MIDDLE
2. DATE OF BIRTH: (MM/DD/YY)	3. SOCIAL SECURITY NUMBER:	

UNIVERSITY & TRAINING PROGRAM DIRECTOR INFORMATION

4. COLLEGE OR UNIVERSITY:
5. PROGRAM DIRECTOR NAME:

VERIFICATION OF GRADUATION	**YES**	**NO**
6. The applicant is enrolled in the final semester of a graduate program in speech-language pathology at an approved California university training program or ASHA-approved program.	☐	☐
7. The applicant is scheduled to graduate within the next 75 days and will graduate at the end of term (pending completion of final requirements).	☐	☐
8. OFFICIAL GRADUATION DATE:		

VERIFICATION OF CLINICAL PRACTICUM	**YES**	**NO**
9. The applicant has completed a minimum of 300 clock hours of supervised clinical experience in direct client/patient contact.	☐	☐
10. The applicant has completed the hours while enrolled in graduate study.	☐	☐
11. The applicant has gained knowledge and experience with individuals from culturally/linguistically diverse backgrounds and with clients/patients of all ages.	☐	☐
12. The applicant has been supervised by individual(s) who hold current/valid licensure in speech-language pathology or ASHA certification.	☐	☐
13. The amount of supervision was appropriate to the student's level of knowledge, experience, and competence, and was sufficient to ensure the welfare of the clients.	☐	☐

VERIFICATION OF UNIVERSITY RECOMMENDATION	**YES**	**NO**
14. The applicant is being recommended by the university training program for the RPE temporary license.	☐	☐

I certify that all academic and practicum information listed on this form was completed according to the State of California or ASHA licensure requirements.

_____ _____

Signature of Current Training Program Director Date