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

# REQUIRED PROFESSIONAL EXPERIENCE (RPE) VERIFICATION FORM

The Board recommends an online submission found at the following link: (link here). If necessary, the form can be submitted manually by emailing the form to the Board at speechandhearing@dca.ca.gov.

IMPORTANT INFORMATION:

- **SCHOOL SETTINGS:** Each school year requires a separate form and school/academic calendar. A separate form and academic calendar or documentation from the supervisor is also required for extended school year (summer school).
- Full-time and part-time experience cannot be combined on the same form.

## Part A – RPE Information

| | | | |
|---|---|---|---|
| 1. FULL LEGAL NAME: LAST | FIRST | | MIDDLE |
| 2. RPE LICENSE NUMBER: | | | |
| 3. STREET ADDRESS: | CITY | STATE | ZIP CODE |
| 4. EMAIL ADDRESS: | | | |

## Part B – Supervisor Information

| | | | |
|---|---|---|---|
| 5. FULL LEGAL NAME: LAST | FIRST | | MIDDLE |
| 6. SLP LICENSE NUMBER: | | | |
| 7. STREET ADDRESS: | CITY | STATE | ZIP CODE |
| 8. EMAIL ADRESS: | | | |

## Part B – Supervisor Information (continued)

9. LOCATION(S) WHERE EXPERIENCE WAS OBTAINED:

**(A)** _____ **CHECK ONE:** ☐ SCHOOL SETTING ☐ OTHER
FACILITY OR SCHOOL NAME

_____
STREET ADDRESS CITY, STATE, ZIP CODE

**(B)** _____ **CHECK ONE:** ☐ SCHOOL SETTING ☐ OTHER
FACILITY OR SCHOOL NAME

_____
STREET ADDRESS CITY, STATE, ZIP CODE

10. HOURS RPE WORKED PER WEEK:

11. DATES OF EXPERIENCE: MM/DD/YYYY
*(Must reflect only the dates within the RPE temporary license period. A start and end date must be supplied. Work experience will only count from the date of license issuance.)*

**START:** _____ **END:** _____

12. WILL THE APPLICANT CONTINUE TO WORK UNDER YOUR SUPERVISION?
*If answered "no," then the RPE cannot practice after the end date noted in Question 13 until a permanent license is issued unless the RPE has an additional supervisor on file.*

☐ **YES** ☐ **NO**

13. SUPERVISION: *(Check one)*

☐ The RPE worked FULL-TIME (30-40 hours per week), and I provided eight (8) hours of direct monitoring per month. Four (4) of the eight (8) hours were in screening, therapy, and evaluation.

☐ The RPE worked PART-TIME (15-29 hours per week), and I provided four (4) hours of direct monitoring per month. Two (2) of the four (4) hours were in screening, therapy, and evaluation.

☐ The RPE worked less than fifteen (15) hours per week.

14. PERFORMANCE OF RPE APPLICANT WAS: *(Check one)*

☐ **SATISFACTORY** ☐ **UNSATISFACTORY**

COMMENTS: (If work experience was unsatisfactory, comments are required. If work experience was satisfactory, comments are optional).

I declare under penalty of perjury under the laws of the State of California that I have discussed the foregoing with the applicant and that the statements made herein are true and correct. I did not supervise greater that two (2) RPEs during the same period of time unless I was approved by the Board to do so. I further 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 verification or suspension or of my license.

_____ _____ _____
Supervisor's Signature Printed Name of Supervisor Date