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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CHANGE/ADDITION IN SUPERVISOR/LOCATION/WORKPLAN

This form is to report a change in supervisor, add a supervisor, change location and/or change in work setting. All qualified Speech-Language Pathologists or Audiologists who assume responsibility for providing supervision to a required professional experience (RPE) must complete and sign under penalty of perjury. By signing this form, you are attesting all information submitted on this form is true and correct.

TO BE COMPLETED BY RPE:

Last Name _____ First Name _____

I AM REPORTING:

☐ A change of supervisor (previous supervisor must submit the RPE verification form within 10 days).

☐ An additional supervisor ☐ Change in location ☐ Change in work setting

EFFECTIVE DATE CHANGE: _____

NUMBER OF RPE EMPLOYMENT HOURS PER WEEK (CHECK ONE)
☐ 30-40 (FULL-TIME) ☐ 15-29 (PART-TIME) ☐ 14 OR LESS

LIST OF PLACE(S) WHERE FUNCTIONS WILL BE PERFORMED:

FACILITY OR SCHOOL NAME (NO ABBREVIATIONS) _____ STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

FACILITY OR SCHOOL NAME (NO ABBREVIATIONS) _____ STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

ARE THE SETTING(S) LISTED ABOVE A PUBLIC SCHOOL? ☐ Yes ☐ No

IF YES, IS THE RPE
☐ A SALARIED EMPLOYEE OF PUBLIC SCHOOL OR COUNTY OFFICE OF EDUCATION.
☐ PAID BY A CONTRACT AGENCY AND PLACED IN THE PUBLIC SCHOOL.

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT I HAVE READ AND UNDERSTAND THE FOREGOING. I FURTHER CERTIFY THAT ALL INFORMATION SUBMITTTED ON THIS FORM IS TRUE AND CORRECT.

Signature of RPE _____ Print Full Name of RPE _____ License No. _____ Date _____

TO BE COMPLETED BY SUPERVISOR:

LAST _____ FIRST _____ License No. or Credential No. _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS _____

TYPE OF SUPERVISION:

☐ THE RPE WILL BE WORKING FULL-TIME (30-40) HOURS PER WEEK AND I AGREE TO PROVIDE THE EIGHT HOURS A MONTH DIRECT SUPERVISION. FOUR OF THE EIGHT WILL BE IN SCREENING, THERAPY, AND EVALUATION.

☐ THE RPE WILL BE WORKING PART-TIME (15-29) HOURS PER WEEK AND I AGREE TO PROVIDE FOUR HOURS A MONTH DIRECT SUPERVISION. TWO OF THE FOUR WILL BE IN SCREENING, THERAPY, AND EVALUATION.

☐ THIS SETTING IS LESS THAN 14 HOURS PER WEEK WITH ADEQUATE SUPERVISION.

I, THE RPE SUPERVISOR, CERTIFY THAT I HAVE READ AND UNDERSTAND MY RESPONSIBILITIES AS AN RPE SUPERVISOR.

Signature of RPE Supervisor _____ Print Full Name of RPE Supervisor _____ Date _____