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
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TERMINATION OF SUPERVISION

FOR REQUIRED PROFESSIONAL EXPERIENCE

Division 13.4 of Title 16, California Code of Regulations (CCR) section 1399.153.9 requires that at the time of termination of supervision for required professional experience (RPE), the supervisor shall notify the Board within ten (10) days of the termination. A completed RPE Verification Form must be submitted to the Board. Form can be found at https://www.speechandhearing.ca.gov/forms_pubs/rpe_verification.pdf.
Termination of Supervision forms are not required if you are terminating the supervisory relationship if the RPE has completed work experience for full licensure (even if they are switching supervisors during the CF experience). The termination of supervision will be verified by the Board when the work experience verification forms are submitted during the RPE application for full licensure. Forms may be submitted by email to: speechandhearing@dca.ca.gov.

RPE Information (Please Print or Type)

FULL LEGAL NAME:	LAST	FIRST	MIDDLE
RPE LICENSE NUMBER:			

Supervisor Information (Please Print or Type)

FULL LEGAL NAME:	LAST	FIRST	MIDDLE	
STREET ADDRESS:		CITY	STATE	ZIP CODE
PHONE NUMBER:				
LICENSE NUMBER OR CREDENTIAL NUMBER IF THERE IS NO CA SLP LICENSE NUMBER:				
SLP #	**AU #**		**CREDENTIAL #**	

I, _____ Supervisor Name _____ am terminating the supervision of

_____ RPE name _____ effective as of _____ Effective Date _____

I hereby certify under penalty of perjury under the laws of the State of California that all statements made herein are true and correct 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.

_____ Supervisor's Signature

_____ Printed Name of Supervisor

_____ Date