



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

INSTRUCTIONS: Do not use white-out. Any corrections to this form must be crossed out and initialed. The completed form must be **mailed** to the Board. Scanned, photocopied, and electronic signatures **will not** be accepted. 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. 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 engaged 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 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