



Application Checklist for Foreign Graduates

Required Professional Experience

Audiologists

**If you need assistance, please email the Board at
speechandhearing@dca.ca.gov**

Items 1 – 3 must be submitted together.

1. Application

- Please remember to submit a 2x2 passport quality photograph.

2. License Fees

- Check or Money Order to Board for \$60 made payable to SLPAHADB.

3. Report of Clinical Practicum (Foreign Educated Applicants)

- Must be completed by the university's current training program director with original signature.

4. Coursework/Syllabi Evaluation Report

- Must be from one of the approved evaluation services.

Please note: The Coursework/Syllabi Evaluation Report will be sent by the Board to an outside Subject Matter Expert for review. This review can take 90+ days for completion.

Once your coursework is approved by the Board, continue on with the application process and submit items 5 – 8.

5. Application to Supervise a RPE

6. Copy of Social Security Card or Individual Tax Identification Number

7. Fingerprints

- California applicants are required to use Live Scan for fingerprinting; please submit a copy of the completed form to the Board. Fees are paid directly to the Live Scan operator.
- Out-of-State/Country applicants are required to submit two fingerprint cards (FD-258) and a check or money order to the Board for \$49.00 (DOJ and FBI processing fee). You may request fingerprint cards be mailed to you via email at speechandhearing@dca.ca.gov
 - One (1) check or money order in the amount of \$109 (\$60 licensing fee and \$49 fingerprint card processing fees for out-of-state/country applicants) may be submitted. Please make check or money order payable to SLPAHADB.

8. National Exam

- Must be taken in the U.S.A.
- Effective 01/01/2013, the minimum passing score is 170.
- Must have been taken within the last five years.
- Must be sent to the Board electronically from Praxis.

Once you have completed your RPE, submit your verification form(s) and application for full licensure, items 9 – 10.

9. RPE Verification Form

- If performed in a school setting, submit a form for each school year with a school calendar indicating the summer session.

10. Permanent/Full Licensure Application

- Once all above requirements above are met and you are deemed eligible, you will be sent a permanent/full licensure application packet.
- No additional fees are required.



REQUIRED PROFESSIONAL EXPERIENCE (RPE) APPLICATION

Audiology Foreign Educated Temporary License \$60.00

INSTRUCTIONS: Do not print this application double-sided. You must complete **Part A** and your supervisor must complete **Part B**. Any corrections to this form must be crossed out and initialed.

Professional services can only start upon the issuance of the RPE temporary license.

PART A – Personal Information

1. FULL LEGAL NAME: LAST FIRST MIDDLE				
2. OTHER NAMES YOU HAVE USED (INCLUDING MAIDEN):				
3. STREET ADDRESS:				
CITY, STATE, ZIP CODE:				
4. RESIDENCE TELEPHONE:			BUSINESS TELEPHONE:	
5. SOCIAL SECURITY NUMBER (SSN) OR INDIVIDUAL TAX IDENTIFICATION NUMBER (ITIN):				
6. DATE OF BIRTH: (MM/DD/YYYY)				
7. EMAIL ADDRESS:				
8. WHAT IS THE ENTRY LEVEL DEGREE TO PRACTICE AUDIOLOGY IN YOUR COUNTRY? Bachelors in: _____ Masters in: _____ Other: _____				
9. UNDERGRADUATE AND GRADUATE PROGRAMS				
INSTITUTION NAME	LOCATION/COUNTRY	MAJOR FIELD OF STUDY	DEGREE RECEIVED	DATE DEGREE RECEIVED

PART A - Continued

YES NO

10. Have you taken the Educational Testing Service/National Teacher Examination (NTE) (The Praxis series) in audiology within the previous 5 years? Must have been completed in the United States.	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you completed any portion of your CFY/RPE in another state?	<input type="checkbox"/>	<input type="checkbox"/>
12. Have you ever been licensed to practice audiology in any state or country? If yes, what state(s) or country? _____	<input type="checkbox"/>	<input type="checkbox"/>

A YES answer to any of the questions below (13 through 18), requires you to complete and submit the Conviction and Discipline Reporting Form.

YES NO

13. Have you ever been the subject of a disciplinary action or have any <i>pending</i> disciplinary action taken or charges filed against any speech-language pathology, audiology, hearing aid dispensing, or other healing arts license? Include any disciplinary action taken by any other State or Federal Government Entity? <i>This includes, but is not limited to, suspension, revocation, probation, confidential discipline, consent order, letter of reprimand or warning, or any other restriction of actions taken against a license.</i>	<input type="checkbox"/>	<input type="checkbox"/>
14. Have you had any pending investigations by any State or Federal agencies against you?	<input type="checkbox"/>	<input type="checkbox"/>
15. Have you been denied a license to practice speech-language pathology, audiology, hearing aid dispensing, or other healing arts, in any state or country?	<input type="checkbox"/>	<input type="checkbox"/>
16. Have you voluntarily surrendered a license to practice speech-language pathology, audiology, hearing aid dispensing, or other healing arts in another state or country?	<input type="checkbox"/>	<input type="checkbox"/>
17. Have you been convicted of, or pled nolo contendere to any criminal offense, misdemeanor or felony of any state, the United States, its territories or a foreign country? <i>(This includes any citation, infraction, misdemeanor and/or felony, excluding violations of minor traffic laws not involving alcohol or drugs which result in fines of \$300 or less. Note: Convictions that were later dismissed pursuant to Sections 1203.4, 1203.4a, or 1203.41 of the California Penal Code or equivalent non-California law must be disclosed. Convictions that were adjudicated in the juvenile court or convictions under California Health and Safety Code Sections 11357(b), (c), (d), (e), or Section 11360(b) that are two years or older should not be reported).</i> <i>You must also submit a certified copy of any court order dismissing a conviction pursuant to Penal Code Sections 1203.4, 1203.4a, or 1203.41.</i>	<input type="checkbox"/>	<input type="checkbox"/>
18. Are you required to register as a sex offender pursuant to Section 290 of the Penal Code, or the equivalent in another state or territory, or military or federal law?	<input type="checkbox"/>	<input type="checkbox"/>

I hereby certify under 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 application, or for suspension or revocation of a license.

APPLICANT'S SIGNATURE: _____ DATE SIGNED: _____

ATTACH 2" x 2"
**PASSPORT QUALITY
PHOTOGRAPH**
(Must be an actual
photograph, not a paper
copy.)

Photographs must be taken
within 60 days of the filing date
of this application.

Print your full name on the back
of the photograph.



REQUIRED PROFESSIONAL EXPERIENCE VERIFICATION FORM

INSTRUCTIONS AND IMPORTANT INFORMATION:

- This form must be completed and submitted within 10 business days after end date of experience, change in time base or end of supervision.
- Full-time and part-time experiences cannot be combined on the same form.
- Any corrections to this form must be crossed out and initialed by the Supervisor.
- Do **NOT** use white out or correction tape on this form.
- Do **NOT** fax or email this form to the Board.
- **SCHOOL SETTINGS:** Separate verifications and school calendars are required for each school session; including summer school.

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 OF SUPERVISOR:	LAST	FIRST	MIDDLE
6. AUDIOLOGY LICENSE NUMBER <u>OR</u> CLEAR CREDENTIAL NUMBER			
7. STREET ADDRESS:			
CITY, STATE, ZIP CODE:			
8. EMAIL ADDRESS:			

PART B: SUPERVISOR INFORMATION (Cont'd)

9. LOCATION(S) WHERE EXPERIENCE WAS OBTAINED:

CHECK ONE: SCHOOL SETTING OTHER

(A) _____
FACILITY OR SCHOOL NAME

_____ ADDRESS _____ CITY, STATE, ZIP CODE

(B) _____
FACILITY OR SCHOOL NAME

CHECK ONE: SCHOOL SETTING OTHER

_____ ADDRESS _____ CITY, STATE, ZIP CODE

10. HOURS WORKED PER WEEK: _____

11. DATE OF EXPERIENCE: *(Must reflect only the dates AFTER the applicant was approved to start) MM/DD/YYYY*

START: / / **END:** / /

12. WILL THE APPLICANT CONTINUE TO WORK UNDER YOUR SUPERVISION?
If no supervision, RPE cannot practice until permanent license is issued.

YES **NO**

13. SUPERVISION: *(Check One)*

The RPE worked FULL-TIME, (30-40 hours per week) and I provided eight (8) hours of direct supervision 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 supervision 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. PERFORAMNCE OF RPE APPLICANT: *(Check One)*

SATISFACTORY UNSATISFACTORY

COMMENTS: *(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, and I did not supervise more than two (2) other applicants obtaining their Required Professional Experience (RPE) during the same period of time. I further certify under 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 for suspension or revocation of my license.

SUPERVISOR'S SIGNATURE

DATE

PRINT FULL LEGAL NAME OF SUPERVISOR



APPLICATION TO SUPERVISE A TEMPORARY RPE Foreign Educated

INSTRUCTIONS: Do not print this application double-sided. You must complete **Part A** and your supervisor must complete **Part B**. Any corrections to this form must be crossed out and initialed.

Please check applicable:

Speech-Language Pathologist Audiologist

Professional services can only start upon the issuance of the RPE temporary license.

PART A – Personal Information

1. FULL LEGAL NAME:	LAST	FIRST	MIDDLE
2. OTHER NAMES YOU HAVE USED (INCLUDING MAIDEN):			
3. STREET ADDRESS:			
CITY, STATE, ZIP CODE:			
4. RESIDENCE TELEPHONE:		BUSINESS TELEPHONE:	
5. SOCIAL SECURITY NUMBER (SSN) OR INDIVIDUAL TAX IDENTIFICATION NUMBER (ITIN):			
6. DATE OF BIRTH: (MM/DD/YYYY)			
7. EMAIL ADDRESS:			

PART B – To be Completed by the RPE Supervisor

Refer to Title 16, California Code of Regulations, Section 1399.153.3 for supervisor's responsibilities.

9. FULL LEGAL NAME OF SUPERVISOR:	LAST	FIRST	MIDDLE
STREET ADDRESS:			
CITY, STATE, ZIP CODE:			
10. BUSINESS TELEPHONE:		LICENSE NUMBER:	
11. EMAIL ADDRESS:			
12. PROPOSED START DATE:			
AS SOON AS APPROVED _____		FUTURE DATE: _____	
Professional services can only start upon the issuance of the RPE temporary license.			
13. NUMBER OF RPE EMPLOYMENT HOURS PER WEEK:			
_____ 30-40 (FULL-TIME)		_____ 15-29 (PART-TIME)	

PART B – Continued

14. LIST OF PLACE(S) WHERE FUNCTIONS WILL BE PERFORMED: (DO NOT PROVIDE AGENCY NAME AND ADDRESS)		
_____ FACILITY OR SCHOOL NAME (DO NOT USE ABBREVIATIONS)	_____ ADDRESS	_____ CITY, STATE, ZIP CODE
_____ FACILITY OR SCHOOL NAME (DO NOT USE ABBREVIATIONS)	_____ ADDRESS	_____ CITY, STATE, ZIP CODE
_____ FACILITY OR SCHOOL NAME (DO NOT USE ABBREVIATIONS)	_____ ADDRESS	_____ CITY, STATE, ZIP CODE

15. IS THE SETTING(S) LISTED IN QUESTION #21 A PUBLIC SCHOOL? YES _____ NO _____
IF YES, IS THE RPE: _____ A SALARIED EMPLOYEE OF THE PUBLIC SCHOOL OR COUNTY OFFICE OF EDUCATION. _____ PAID BY A CONTRACT AGENCY AND PLACED IN THE PUBLIC SCHOOL.

16. SUPERVISION: _____ THE RPE WILL BE WORKING FULL-TIME AND I AGREE TO PROVIDE EIGHT HOURS A MONTH DIRECT SUPERVISION. FOUR OF THE EIGHT WILL BE IN SCREENING, THERAPY, AND EVALUATION. _____ THE RPE WILL BE WORKING PART-TIME AND I AGREE TO PROVIDE FOUR HOURS A MONTH DIRECT SUPERVISION. TWO OF THE FOUR WILL BE IN SCREENING, THERAPY, AND EVALUATION.

I, the RPE applicant, have discussed the plan for supervision with this supervisor and agree to its implementation and will not provide professional services until I have been issued a RPE temporary license. I further certify under penalty of perjury under the laws of the state of California that all statements made in the application are true and correct. Any misrepresentation may be caused for denial of my license.

APPLICANT'S SIGNATURE: _____ DATE SIGNED: _____

I, the RPE supervisor, have discussed the plan for supervision with the RPE applicant and hereby accept professional and ethical responsibility for his or her performance. I understand that professional services cannot be rendered until a RPE temporary license has been issued. I further certify under penalty of perjury under the laws of the state of California that all statements made in part B are true and correct.

SUPERVISOR'S SIGNATURE: _____ DATE SIGNED: _____

REQUIRED PROFESSIONAL (RPE) TEMPORARY LICENSE – AUDIOLOGY

✦ Duties and Responsibilities of Applicant ✦

RPE temporary license applicants and applicant's supervisor must read and sign this form under the penalty of perjury. Please submit with the completed RPE application.

- 1) I have read and understand the excerpts of the laws and regulations, included with my application, pertaining to the responsibilities of an RPE temporary license holder.
- 2) My supervisor shall maintain a current license issued by the Board, during the time of my supervision. If my supervisor's license expires during the course of professional experience, I will immediately notify the board. *A supervisor's license may be verified at any time at the Board's website.*
- 3) I understand that my work plan can be 12 months of full-time professional experience (defined as 30-40 hours per week) with eight hours of direct supervision per month or 24 months of part-time professional experience (defined as 15-29 hours per week) with four hours of direct supervision per month.
- 4) If there is a break in professional experience due to a medical reason, it is my responsibility to notify the Board of the exact dates of the absence. I will not receive credit for the break in professional experience.
- 5) At the time of termination of supervision, I will ensure that my supervisor completes the RPE Verification form. I understand that it is my responsibility to submit the verification form within 10 days of completion.

APPLICANT SIGNATURE

PRINTED FULL LEGAL NAME OF APPLICANT

DATE

✦ Duties and Responsibilities of Supervisor ✦

- 1) I possess the following qualification to supervise an RPE applicant: a California audiology license issued by the Board.
- 2) I agree to ensure that my California license is renewed in a timely manner. Failure to do so could result in a loss of credit for professional experience by the RPE.
- 3) I agree to provide eight hours direct supervision per month for each full-time RPE (defined as 30-40 hours per week) and four hours direct supervision per month for each part-time RPE (defined as 15-29 hours per week).
- 4) I will not supervise more than three RPE's at any one time pursuant to California Code of Regulations Section 1399.153.4.
- 5) I will immediately notify the RPE of any disciplinary action, including revocation, suspension (even if stayed), probation terms, inactive licensure, or lapse in licensure that affects my ability or right to supervise.
- 6) I have read and understand the laws and regulations pertaining to the supervision of the RPE and the professional experience required.
- 7) I will ensure that the extent, type, and quality of the clinical work performed is consistent with the training and professional experience of the RPE and shall be accountable for the assigned duties performed by the RPE.
- 8) At the time of termination of supervision of the RPE, I will complete the RPE verification form. I will submit the original signed form to the Board within 10 calendar days of termination of supervision.
- 9) I have completed the initial six hours of continuing professional development in supervision training and will complete three hours of supervision training every four years thereafter.

SIGNATURE OF SUPERVISOR

PRINT FULL LEGAL NAME OF SUPERVISOR

LICENSE NO.

Date

CREDENTIAL EVALUATION SERVICES

Below are California agencies that determine United States equivalency of education obtained outside of the United States. The agencies are approved by the American Speech-Language-Hearing Association (ASHA) and are members of the National Association of Credential Evaluation Services (NACES), an association of private foreign educational credential evaluation services dedicated to promoting excellence and committed to setting the standard for their profession. The report must be sent to the Board directly from the agency.

A2Z Evaluations, LLC.

Davis, California

Center for Applied Research, Evaluation, and Education, Inc.

Anaheim, California

Educational Records Evaluations Service, Inc.

Sacramento, California

International Education Research Foundation, Inc.

Culver City, California



PRAXIS EXAMINATION INFORMATION

All audiology applicants must submit a passing score of 170 or more on the required specialty examination in audiology. Your Praxis examination **must** be taken in the United States.

These examinations are offered at several sites throughout California and the United States, according to an annual schedule set by the Education Testing Service. Applications may be obtained from:

The Praxis Series
Educational Testing Service
P.O. Box 6051
Princeton, NJ 08541-6051
(609) 771-7395

The examination may be taken anytime within a five year period prior to filing an application for permanent licensure, or it may be taken while the Required Professional Experience (temporary license) is being completed. As it takes approximately six weeks for ETS to process and send out scores, it is not recommended that you wait until the end of your RPE to sit for the examination. There are no limits on the number of times the examination may be taken.

When filing for the examination, arrange to have a copy of your score sent electronically to the Board office using the following Reporting Code: **R8544**

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: A0437 Type of Application: (check one) Employment License, Certification, Permit Volunteer
Code assigned by DOJ
Job Title or Type of License, Certification or Permit: Speech Pathologist Audiologist Speech Assistant Speech Aide Audiology Aide

PLEASE CIRCLE ONE

Agency Address Set Contributing Agency:

SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY & HEARING AID DISPENSERS BOARD

06187

Agency authorized to receive criminal history information

Mail Code (five-digit code assigned by DOJ)

2005 Evergreen Street, Suite 2100

N/A

Street No. Street or PO Box

Contact Name (Mandatory for all school submissions)

Sacramento

CA

95815

()

Contact Telephone No.

City

State

Zip Code

Name of Applicant:

(Please print)

Last

First

MI

AKA's:

Last

First

CDL No. _____

DOB: _____ SEX: Male Female

Misc. No. BIL - Applicant Must Pay At Site

Agency Billing Number (if applicable)

HT: _____ WT: _____

Misc. No. _____

EYE Color: _____ HAIR Color: _____

Home Address: (Applies only if Youth Org/HRA or Public Utility submission)

POB: _____

Street or PO Box

SOC: _____

City, State and Zip Code

Your Number: 7700 SLP/AU

OCA No. (Agency Identifying No.)

Level of Service DOJ

FBI

If resubmission, list Original ATI No. _____

Employer: (Additional response for Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only)

THIS SECTION IS NOT APPLICABLE

Employer Name

Street No.

Street or PO Box

Mail Code (five digit code assigned by DOJ)

City

State

Zip Code

()

Agency Telephone No. (Optional)

Live Scan Transaction Completed By: _____

Name of Operator

Date _____

Transmitting Agency

ATI No.

Amount Collected/Billed

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: A0437 Type of Application: (check one) Employment License, Certification, Permit Volunteer
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: _____

PLEASE CIRCLE ONE

Agency Address Set Contributing Agency:

SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY &

HEARING AID DISPENSERS BOARD
Agency authorized to receive criminal history information

06187

Mail Code (five-digit code assigned by DOJ)

2005 Evergreen Street, Suite 2100

N/A

Street No. Street or PO Box

Contact Name (Mandatory for all school submissions)

Sacramento

CA

95815

()

Contact Telephone No.

City

State

Zip Code

Name of Applicant: _____
(Please print) Last First MI

AKA's: _____
Last First

CDL No. _____

DOB: _____ SEX: Male Female

Misc. No. BIL - Applicant Must Pay At Site
Agency Billing Number (if applicable)

HT: _____ WT: _____

Misc. No. _____

EYE Color: _____ HAIR Color: _____

Home Address: (Applies only if Youth Org/HRA or Public Utility submission)

POB: _____

Street or PO Box

SOC: _____

City, State and Zip Code

Your Number: 7700 SLP/AU
OCA No. (Agency Identifying no.)

Level of Service DOJ FBI

If resubmission, list Original ATI No. _____

Employer: (Additional response for Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only)

THIS SECTION IS NOT APPLICABLE

Employer Name

Street No. Street or PO Box

Mail Code (five digit code assigned by DOJ)

City

State

Zip Code

()

Agency Telephone No. (Optional)

Live Scan Transaction Completed By: _____ Date _____
Name of Operator

Transmitting Agency

ATI No.

Amount Collected/Billed

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: A0437 Code assigned by DOJ Type of Application: (check one) Employment License, Certification, Permit Volunteer
Job Title or Type of License, Certification or Permit: Speech Pathologist Audiologist Speech Assistant Speech Aide Audiology Aide
PLEASE CIRCLE ONE

Agency Address Set Contributing Agency:
SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY & HEARING AID DISPENSERS BOARD 06187
Agency authorized to receive criminal history information Mail Code (five-digit code assigned by DOJ)
2005 Evergreen Street, Suite 2100 N/A
Street No. Street or PO Box Contact Name (Mandatory for all school submissions)
Sacramento CA 95815 ()
City State Zip Code Contact Telephone No.

Name of Applicant: _____
(Please print) Last First MI
AKA's: _____ CDL No. _____
Last First
DOB: _____ SEX: Male Female Misc. No. **BIL - Applicant Must Pay At Site**
Agency Billing Number (if applicable)
HT: _____ WT: _____ Misc. No. _____
EYE Color: _____ HAIR Color: _____ Home Address: (Applies only if Youth Org/HRA or Public Utility submission)
POB: _____ Street or PO Box
SOC: _____ City, State and Zip Code

Your Number: 7700 SLP/AU
OCA No. (Agency Identifying No.)
Level of Service DOJ FBI
If resubmission, list Original ATI No. _____

Employer: (Additional response for Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only)
THIS SECTION IS NOT APPLICABLE
Employer Name _____
Street No. Street or PO Box Mail Code (five digit code assigned by DOJ)
City State Zip Code ()
Agency Telephone No. (Optional)

Live Scan Transaction Completed By: _____ Date _____
Name of Operator
Transmitting Agency ATI No. Amount Collected/Billed