



## Application Checklist for Audiologists

### *Required Professional Experience*

### *Application for Permanent Licensure*

Visit our [Frequently Asked Questions](#) page (link available under the Applicant/Registrant tab) for more information.

If you need assistance, please email the Board at [speechandhearing@dca.ca.gov](mailto:speechandhearing@dca.ca.gov)

*For use by those who applied for the RPE Temporary License on or after November 1, 2021 ONLY.*

*Items 1-3 should be mailed to the Board in the same envelope.*

**1. Application**

- Please use your full legal name and provide an original signature.
- Please answer all questions.

**2. Fees**

- \$115 check or money order, made payable to SLPAHADB.

**3. RPE Verification Form(s)**

- Please submit the application and fee with the RPE Verification Form(s) signed by the Audiologist supervisor demonstrating completion of the Required Professional Experience (Externship).
- Please do not submit the application and fee if the required professional experience is not yet complete.

*Items 4-5 must be received and processed prior to applying for permanent licensure.*

**4. Official Transcripts – Doctoral Programs Only**

- Doctorate degree program for Audiology. Transcript must demonstrate the degree.
- Must be mailed to the Board in an envelope sealed by the university/institution.
- The Board also accepts electronic transcripts sent directly from the registrar's office or official transcript service. Please choose only one method of transcript submission.

**5. National Exam Score**

- Praxis Series 5342: Minimum passing score of 170.
- Praxis Series 5343: Minimum passing score of 162.
- Must have been passed within the five years prior to RPE Temporary License application filing.
- Must be sent electronically to the Board from Praxis/ETS.
- The Board's reporting code is **8544**.



# SPEECH-LANGUAGE PATHOLOGIST OR AUDIOLOGIST APPLICATION FOR PERMANENT LICENSURE \$115.00

**Instructions:** Application is formatted to be typed. Corrections to this form must be crossed out and initialed.  
Typewritten signatures will not be accepted. Submit with RPE Verification Form.

## SELECT LICENSE TYPE:

☐ **Speech-Language Pathologist**☐ **Audiologist**

### Applicant Information:

1. FULL LEGAL NAME: LAST	FIRST	MIDDLE
2. STREET ADDRESS	CITY	STATE ZIP
3. IS THIS A NEW ADDRESS? YES <input type="checkbox"/> NO <input type="checkbox"/>		
4. EMAIL ADDRESS TO BE ASSOCIATED WITH PERMANENT LICENSE RECORD:		
5. ARE YOU ACTIVE DUTY MILITARY PERSONNEL OR HONORABLY DISCHARGED U.S. VETERAN? YES <input type="checkbox"/> NO <input type="checkbox"/>  By checking yes, you may qualify for expedited application processing. An applicant for expedited application processing must meet the following requirement: 1) Supply satisfactory evidence <u>with the application</u> that the applicant is serving as an active duty member of the armed forces for the United States <b>OR</b> was honorably discharged (DD-214).		
6. ARE YOU A SPOUSE OR REGISTERED DOMESTIC PARTNER OF ACTIVE DUTY MILITARY PERSONNEL STATIONED IN CALIFORNIA <b>AND</b> DO YOU HOLD A LICENSE IN A STATE <u>OTHER THAN CALIFORNIA</u> ? YES <input type="checkbox"/> NO <input type="checkbox"/>  By checking yes, you may qualify for expedited application processing. An applicant for expedited application processing must meet the following requirements: 1) supply satisfactory evidence <u>with the application</u> that you are married to, or in a domestic partnership or other legal union with, an active duty member of the armed forces of the United States who is assigned to a duty station in California under official active duty orders; <b>and</b> 2) hold a current license in <u>another state, district, or territory</u> of the United States in Speech-Language Pathology or Audiology and provide evidence of the <u>out-of-state</u> license <u>with the application</u> .		
7. BUSINESS AND PROFESSIONS CODE SECTION 135.4 PROVIDES THAT THE BOARD MUST EXPEDITE, AND MAY ASSIST WITH, THE INITIAL LICENSURE PROCESS FOR CERTAIN APPLICANTS DESCRIBED BELOW.  Do any of the following statements apply to you? YES <input type="checkbox"/> NO <input type="checkbox"/> <ul style="list-style-type: none"><li>• You were admitted to the United States as a refugee pursuant to section 1157 of title 8 of the United States Code;</li><li>• You were granted asylum by the Secretary of Homeland Security or the United States Attorney General pursuant to section 1158 of title 8 of the United States code; or,</li><li>• You have a special immigrant visa and were granted a status pursuant to section 1244 of Public Law 110-181, Public Law 109-163, or section 602(b) of title VI of division F of Public Law 111-8, relating to Iraqi and Afghan translators/interpreters or those who worked for, or on behalf of, the United States government.</li></ul> If you selected yes, then you must attach evidence of your status as a refugee, asylee, or special immigrant visa holder. Failure to do so may result in application review delays.		
8. PURSUANT TO BUSINESS AND PROFESSIONS CODE SECTION 115.4, BEGINNING JULY 1, 2024, THE BOARD/BUREAU SHALL EXPEDITE THE INITIAL LICENSURE PROCESS FOR AN APPLICANT WHO IS AN ACTIVE DUTY MEMBER OF THE US ARMED FORCES AND ENROLLED IN THE US DEPARTMENT OF DEFENSE SKILLBRIDGE PROGRAM.  Do you request expediting of your application under this authority? YES <input type="checkbox"/> NO <input type="checkbox"/>  If you select yes, you must attach documentation of enrollment to this application.		

EDUCATION AND EXPERIENCE INFORMATION				
9. HAVE YOU PASSED THE EDUCATIONAL TESTING SERVICES/NATIONAL TEACHER EXAMINATION (NTE) (THE PRAXIS SERIES) IN SPEECH-LANGUAGE PATHOLOGY WITHIN THE LAST FIVE YEARS? Your Praxis score must be submitted to the board reporting code 8544.			YES:	NO:
10. HAVE YOU COMPLETED ANY PORTION OF YOUR CFY/RPE IN ANOTHER STATE? If yes, please list the state(s): _____ If yes, please enter the license number (if any): _____			YES:	NO:
11. HAVE YOU EVER BEEN LICENSED TO PRACTICE SPEECH-LANGUAGE PATHOLOGY IN ANY STATE OR COUNTRY? If yes, please list the state(s): _____ If yes, please enter the license number (if any): _____			YES:	NO:
12. GRADUATE PROGRAM(S)				
INSTITUTION NAME	LOCATION/ COUNTRY	MAJOR FIELD OF STUDY	DEGREE RECEIVED	DATE DEGREE RECEIVED (MM/DD/YYYY)
PLEASE DO NOT RESUBMIT ANY DOCUMENTS PREVIOUSLY PROVIDED TO THE BOARD.				
SINCE THE ISSUANCE OF YOUR TEMPORARY LICENSE, HAVE YOU...			YES	NO
13. 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>				
14. Had any pending investigations by any state or federal agencies against you?				
15. Been denied a license to practice Speech-Language Pathology, Audiology, Hearing Aid Dispensing, or other healing arts in any state or country?				
16. Voluntarily surrendered a license to practice Speech-Language Pathology, Audiology, Hearing Aid Dispensing, or other healing arts in another state or country?				

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: \_\_\_\_\_

#### INFORMATION COLLECTION AND ACCESS •

The information requested on this application is mandatory and will be used to process this application. The Executive Officer of the Speech-Language Pathology, Audiology, and Hearing Aid Dispensers Board is responsible for maintaining the information in this form, and may be contacted at 1601 Response Road, Suite 260, Sacramento, CA 95815, 916-287- 7915 regarding questions about this notice or access to records. Information provided may be transferred to other governmental and enforcement agencies as necessary to permit the Board, or the transferee agency, to perform its statutory or constitutional duties, or otherwise transferred or disclosed as provided in Civil Code section 1798.24. Each individual has the right to review his or her file, except as otherwise provided by the Information Practices Act. Certain information provided may be disclosed to a member of the public, upon request, under the California Public Records Act. Disclosure of your social security number is mandatory and collection is authorized by Business and Professions section 30. Your social security number will be used exclusively for tax enforcement purposes and investigation of violations of cash-pay reporting laws as set forth in Unemployment Insurance Code section 329, for compliance with any judgment or order for family support in accordance with Business and Professions Code section 30 and Family Code section 17520, or for verification of licensure or examination status by a licensing or examination board. If you fail to disclose your social security number, then you may be reported to the Franchise Tax Board and be assessed a penalty of \$100 in accordance with Revenue and Taxation Code section 19528. Pursuant to Business and Professions Code section 31(e), the California Department of Tax and Fee Administration and the Franchise Tax Board may share taxpayer information with the Board. If a registrant does not pay his or her state tax obligation, then the license or registration may be suspended.

## REQUIRED PROFESSIONAL EXPERIENCE (RPE) VERIFICATION FORM

**INSTRUCTIONS:** This form must be completed and submitted within 10 days after end date of experience, change in time base, or end of supervision. Do not use white-out. Any corrections to this form must be crossed out and initialed by the supervisor. The completed form is to be submitted with the permanent license application and initial license fee, unless the RPE experience is not yet complete.

**IMPORTANT INFORMATION:**

- **SCHOOL SETTINGS:** Separate verification forms and school calendars are required for each school year; a separate verification form is also required if extended school year is worked, with extended school year calendar.
- Full-time and part-time experience cannot be combined on the same form.
- Failure to complete verification forms correctly will require the RPE supervisor to submit updated form(s) and may result in the delay of permanent licensure.

### PART A – RPE Information

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

### PART B – Supervisor Information

6. FULL LEGAL NAME: LAST	FIRST	MIDDLE
7. LICENSE NUMBER:		
8. STREET ADDRESS:		
9. CITY, STATE, ZIP CODE:		
10. EMAIL:		

**PART B – Supervisor Information (continued)**

11. LOCATION(S) WHERE EXPERIENCE WAS OBTAINED:	
(A) _____ FACILITY OR SCHOOL NAME	<b>CHECK ONE:</b> <input type="checkbox"/> SCHOOL SETTING <input type="checkbox"/> OTHER
_____ STREET ADDRESS	_____ CITY, STATE, ZIP CODE
(B) _____ FACILITY OR SCHOOL NAME	
<b>CHECK ONE:</b> <input type="checkbox"/> SCHOOL SETTING <input type="checkbox"/> OTHER	
_____ STREET ADDRESS	_____ CITY, STATE, ZIP CODE
12. HOURS RPE WORKED <u>PER WEEK</u> :	
13. DATES OF EXPERIENCE: MM/DD/YYYY (Must reflect only the dates within the RPE temporary license period. A start and end date <u>must</u> be supplied.)	
START:     /     /                      END:     /     /	
14. WILL THE APPLICANT CONTINUE TO WORK UNDER YOUR SUPERVISION? <i>If answered "no," then the RPE cannot practice beyond the end date in Question 13 until a permanent license is issued unless the RPE has another supervisor on file.</i>	
<input type="checkbox"/> YES <input type="checkbox"/> NO	
15. SUPERVISION: (Check one)	
<input type="checkbox"/> 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.	
<input type="checkbox"/> 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.	
<input type="checkbox"/> The RPE worked less than fifteen (15) hours per week.	
16. PERFORMANCE OF RPE APPLICANT WAS: (Check one)	
<input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY	
COMMENTS: (Required if unsatisfactory, optional if satisfactory)	

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 correct. I did not supervise greater than two (2) other RPEs during the same period of time unless I was previously approved by the Board to do so. 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 (Note: Typewritten/font signatures are NOT accepted.)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT FULL LEGAL NAME OF SUPERVISOR