



Application Checklist for Speech-Language Pathologists *Required Professional Experience* (U.S. Graduates)

Visit our [Frequently Asked Questions](#) page (link available under the Applicant/Registrant tab) for more information. If you need additional assistance, please email the Board at speechandhearing@dca.ca.gov.

Items 1-4 are required for the issuance of the RPE temporary license.

1. **Application**
 - Please answer all questions.
2. **Fees**
 - \$35 check or money order to the Board, made payable to SLPAHADB.
3. **Fingerprints – DOJ and FBI clearances must be received prior to issuance of the temporary license**
 - California applicants are required to use Live Scan for fingerprinting; submit a copy of the completed Live Scan form to the Board. Fees are paid directly to the Live Scan operator.
 - Out-of-State applicants are required to submit two fingerprint cards (FD-258) and a check or money order to the Board for \$49 (DOJ and FBI processing fee). You may find a link to the [fingerprint cards](#) on our website under the Forms/Publications tab.
 - **Please note:** one (1) check or money order in the amount of \$84 (\$35 application fee and \$49 fingerprint card processing fee) may be submitted, made payable to SLPAHADB.
4. **Clinical Practicum/University Recommendation**
 - Form can be mailed directly to the Board by training program director or, preferably, included in the application package.

Items 5-6 must be submitted as soon as possible after degree conferral and passing the exam.

5. **Official Transcripts – Graduate Programs Only**
 - Master's degree program for Speech-Language Pathology or Communication Disorders.
 - 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.
6. **National Exam Score**
 - Effective 09/01/2014, minimum passing score of 162.
 - Must have been taken within the five years prior to application filing.
 - Must be sent electronically to the Board from Praxis/ETS.
 - The Board's reporting code is **8544**.

REQUIRED PROFESSIONAL EXPERIENCE (RPE) APPLICATION TEMPORARY LICENSE \$35.00

INSTRUCTIONS: Do not print this application double-sided. **Part A** must be completed by applicant and **Part B** must be completed with supervisor. Please submit a complete application. Do not use white-out. Any corrections to this form must be crossed out and initialed. The completed application form must be **mailed** to the Board.

Application is formatted to be typed. May also be handwritten legibly. Please answer all questions.

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
4. PHONE:	
5. SOCIAL SECURITY NUMBER (SSN) / INDIVIDUAL TAXPAYER IDENTIFICATION NUMBER (ITIN):	6. DATE OF BIRTH: (MM/DD/YYYY)
7. EMAIL ADDRESS:	
<p>8. ARE YOU ACTIVE DUTY MILITARY PERSONNEL OR HONORABLY DISCHARGED U.S. VETERAN? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>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 or was honorably discharged (DD-214).</p>	
<p>9. ARE YOU A SPOUSE OR REGISTERED DOMESTIC PARTNER OF ACTIVE DUTY MILITARY PERSONNEL STATIONED IN CALIFORNIA AND DO YOU HOLD A VALID LICENSE TO PRACTICE IN ANOTHER STATE? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>By checking yes, you may qualify for expedited application processing. An applicant for expedited application processing must meet the following requirements: 1) provide 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; and 2) hold a current license in another state, district, or territory of the United States in Speech-Language Pathology and provide evidence of the license <u>with the application</u>.</p>	
<p>10. 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.</p> <p>Do any of the following statements apply to you? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <ul style="list-style-type: none"> You were admitted to the United States as a refugee pursuant to section 1157 of title 8 of the United States Code; 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, 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. <p>If you selected yes, 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.</p>	
<p>11. PURSUANT TO BUSINESS AND PROFESSIONS CODE SECTION 115.4, BEGINNING JULY 1, 2024, THE BOARD 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.</p> <p>Do you request expediting of your application under this authority? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If you select YES, you must attach documentation of enrollment to this application.)</p>	

PART A – Continued

11. Graduate Programs: List name and location of graduate program. Official transcript is required after confirmation that conferred degree will appear on the transcript.				
INSTITUTION NAME	CITY/STATE	MAJOR FIELD OF STUDY	TYPE OF DEGREE	DATE DEGREE RECEIVED/EXPECTED DATE RECEIVED

	YES	NO
12. Have you passed the Educational Testing Services/National Teacher Examination (NTE) (The Praxis series) in Speech-Language Pathology within the last five years?	<input type="checkbox"/>	<input type="checkbox"/>
13. Have you completed any portion of your CFY/RPE in another state? If yes, please list the state(s): _____	<input type="checkbox"/>	<input type="checkbox"/>
14. Have you ever been licensed to practice Speech-Language Pathology in any state or country? If yes, what state(s) or country? _____	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO
15. 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, including 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"/>
16. Have you had any pending investigations by any state or federal agencies against you?	<input type="checkbox"/>	<input type="checkbox"/>
17. Have you been denied a license to practice Speech-Language Pathology, audiology, hearing aid dispensing, or any other healing arts profession, in any state or country?	<input type="checkbox"/>	<input type="checkbox"/>
18. Have you voluntarily surrendered a license to practice Speech-Language Pathology, audiology, hearing aid dispensing, or any other healing arts in another state or country?	<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: _____

INFORMATION COLLECTION AND ACCESS The information requested on this application is mandatory and is maintained by the Executive Officer of the Speech-Language Pathology, Audiology, and Hearing Aid Dispensers Board, 1601 Response Road, Suite 260, Sacramento, CA 95815, 916-287-7915. 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 BPC sections 30 and 31. 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 Section 329 of the Unemployment Insurance Code, for compliance with any judgment or order for family support in accordance with section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination board. If you fail to disclose your social security number, you may be reported to the Franchise Tax Board (FTB) and be assessed a penalty of \$100. Pursuant to Business and Professions Code section 31(e), the State Board of Equalization and the Franchise Tax Board may share taxpayer information with the Board if a registrant does not pay his or her state tax obligation, the registration may be suspended.

Notice: Effective July 1, 2012, the State Board of Equalization and the Franchise Tax Board may share taxpayer information with the Board. You are obligated to pay your state tax obligation and your license may be suspended if your tax obligation is not paid.

PART B – To be completed with the RPE Supervisor*Refer to Title 16, California Code of Regulations, Section 1399.153.3 for supervisor's responsibilities.*

21. FULL LEGAL NAME OF SUPERVISOR: LAST FIRST MIDDLE											
22. STREET ADDRESS:											
23. CITY, STATE, ZIP CODE:											
24. BUSINESS PHONE:	25. SLP LICENSE NUMBER / CTC CREDENTIAL NUMBER:										
26. EMAIL:											
27. PROPOSED START DATE: AS SOON AS APPROVED _____ FUTURE START DATE: _____ Professional services can only start upon the issuance of the RPE temporary license.											
28. NUMBER OF RPE EMPLOYMENT HOURS PER WEEK: 30-40 (FULL-TIME) _____ 15-29 (PART-TIME) _____											
29. LIST OF LOCATION(S) WHERE FUNCTIONS WILL BE PERFORMED: (Do Not Provide Contract Agency Name and Address)											
<table style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%; border-bottom: 1px solid black;">FACILITY OR SCHOOL NAME (DO NOT USE ABBREVIATIONS)</td><td style="width: 25%; border-bottom: 1px solid black;">STREET ADDRESS</td><td style="width: 25%; border-bottom: 1px solid black;">CITY, STATE, ZIP CODE</td></tr><tr><td style="border-bottom: 1px solid black;">FACILITY OR SCHOOL NAME (DO NOT USE ABBREVIATIONS)</td><td style="border-bottom: 1px solid black;">STREET ADDRESS</td><td style="border-bottom: 1px solid black;">CITY, STATE, ZIP CODE</td></tr><tr><td style="border-bottom: 1px solid black;">FACILITY OR SCHOOL NAME (DO NOT USE ABBREVIATIONS)</td><td style="border-bottom: 1px solid black;">STREET ADDRESS</td><td style="border-bottom: 1px solid black;">CITY, STATE, ZIP CODE</td></tr></table>			FACILITY OR SCHOOL NAME (DO NOT USE ABBREVIATIONS)	STREET ADDRESS	CITY, STATE, ZIP CODE	FACILITY OR SCHOOL NAME (DO NOT USE ABBREVIATIONS)	STREET ADDRESS	CITY, STATE, ZIP CODE	FACILITY OR SCHOOL NAME (DO NOT USE ABBREVIATIONS)	STREET ADDRESS	CITY, STATE, ZIP CODE
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FACILITY OR SCHOOL NAME (DO NOT USE ABBREVIATIONS)	STREET ADDRESS	CITY, STATE, ZIP CODE									
30. IS/ARE THE SETTING(S) LISTED IN SECTION #28 A SCHOOL SETTING? YES _____ NO _____ IF YES, IS THE RPE: _____ A SALARIED EMPLOYEE OF THE SCHOOL OR COUNTY OFFICE OF EDUCATION _____ PAID BY A CONTRACT AGENCY AND PLACED IN THE SCHOOL											
31. SUPERVISION: _____ THE RPE WILL BE WORKING FULL-TIME AND I AGREE TO PROVIDE EIGHT HOURS OF DIRECT MONITORING EACH MONTH. AT LEAST FOUR OF THE EIGHT HOURS WILL BE IN SCREENING, THERAPY, AND EVALUATION. _____ THE RPE WILL BE WORKING PART-TIME AND I AGREE TO PROVIDE FOUR HOURS OF DIRECT MONITORING EACH MONTH. AT LEAST TWO OF THE FOUR HOURS 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 an 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 cause for denial of my license.

APPLICANT'S SIGNATURE: _____ DATE: _____

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 an 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: _____

REQUIRED PROFESSIONAL EXPERIENCE (RPE) TEMPORARY LICENSE

✦Duties and Responsibilities of Applicant✦

RPE temporary license applicant must read and sign this form under the penalty of perjury.

- 1) I have read and understand the laws and regulations 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, then I will immediately notify the Board. *A supervisor's license may be verified at any time on the Board's website.*
- 3) I understand that my work plan can be 36 weeks of full-time professional experience (defined as 30-40 hours per week) with at least eight hours of direct monitoring per month or 72 weeks of part-time professional experience (defined as 15-29 hours per week) with at least four hours of direct monitoring per month.
- 4) If there is a break in professional experience due to a medical reason, then 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 supervision completion, I will ensure that my supervisor completes the RPE Verification Form and submits within 10 days of supervised experience completion or change in supervision.

SIGNATURE OF APPLICANT

PRINTED NAME OF APPLICANT

DATE

✦Duties and Responsibilities of Supervisor✦

RPE applicant supervisor must read and sign this form under the penalty of perjury.

- 1) I possess the qualifications to supervise an RPE applicant: a California SLP license; or (if employed by a public school) a clear and valid teaching credential authorizing service in language, speech, and hearing issued by the California Commission on Teacher Credentialing.
- 2) I agree to ensure that either my SLP California license or my teaching credential 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 of direct monitoring per month for each full-time RPE (defined as 30-40 hours per week) and four hours of direct monitoring per month for each part-time RPE (defined as 15-29 hours per week).
- 4) I will not supervise a greater number than three RPEs 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 against my license, including revocation, suspension (even if stayed), probation terms, inactive status, or lapse in licensure that affects my qualification 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 supervision completion, I will complete the RPE Verification Form. I will submit the originally signed form to the Board within 10 calendar days of supervised experience completion or termination of supervision.
- 9) I have completed the initial six hours of continuing professional development in supervision training and will complete three hours every four years thereafter.

SIGNATURE OF SUPERVISOR

PRINTED NAME OF SUPERVISOR

DATE

SLP LICENSE NUMBER

If you are not licensed by the Board, then you must attach a copy of your professional services credential (failure to include this may result in the denial of supervision).

**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 can be provided to the applicant for inclusion in the application package (preferred) or can be mailed separately to the Board. This form is for use by current students or successful graduates who:

- completed the clinical practicum hours for a master's degree from an approved training program (this includes ASHA-approved training programs) and;
- are being recommended by their university for the RPE temporary license.

PLEASE ANSWER ALL QUESTIONS**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.		
8. Official Degree Conferral Date/Expected Conferral Date (MM/YYYY):	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-Language Pathology or current 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 licensing requirements.

SIGNATURE OF CURRENT TRAINING PROGRAM DIRECTOR_____
DATE



PRAXIS EXAMINATION INFORMATION

All applicants must submit a passing score on the required specialty examination.

Effective September 1, 2014, the minimum passing score for Speech-Language Pathology is 162.

These examinations are offered at several sites throughout California, the United States, and internationally according to an annual schedule set by the Education Testing Service (ETS). When filing for the Praxis, please arrange to have a copy of your score sent electronically to the Board using the following Reporting Code: **8544**.

Applications may be obtained from:

The Praxis Scores
Educational Testing Services
PO Box 6051
Princeton, NJ 08541-6051
(609) 771-7395

The examination may be taken and passed at any time within the five-year period prior to filing an application for permanent licensure or it may be taken while the Required Professional Experience (RPE) is being completed. 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.

Failure to submit passing scores to the Board before completion of the RPE will result in the delay of permanent licensure.