



APPLICATION FOR EXTENSION OF THE TEMPORARY REQUIRED PROFESSIONAL EXPERIENCE (RPE) LICENSE \$35.00

INSTRUCTIONS: Do not print this application double-sided. Any corrections to this form must be crossed out and initialed. You may not continue to provide professional services unless you have received approval from this office.

Please check applicable: Speech-Language Pathologist Audiologist

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. RPE NUMBER:	
9. NUMBER OF RPE EMPLOYMENT HOURS PER WEEK:			10. PROPOSED START DATE OF EXTENSION:	
11. NAME OF SUPERVISOR:			LAST	FIRST
				12. LICENSE NUMBER:
13. ADDRESS:				
CITY, STATE, ZIP CODE				
14. TELEPHONE NUMBER				
EMAIL ADDRESS:				
15. ARE YOU, A SPOUSE, OR DOMESTIC PARTNER OF ACTIVE DUTY MILITARY PERSONNEL? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If yes, you may qualify for expedited application processing. An applicant for expedited application processing must meet the following requirements: 1) provide evidence that the applicant is 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 or audiology.				
16. ARE YOU AN HONORABLY DISCHARGED VETERAN OF THE ARMED FORCES? YES <input type="checkbox"/> NO <input type="checkbox"/>				
If yes, you may qualify for expedited application processing. An applicant for expedited application processing must meet the following requirement: 1) supply satisfactory evidence to the board that the applicant has served as an active duty member of the Armed Forces of the United States and was honorably discharged.				

17. LIST OF PLACE(S) WHERE FUNCTIONS WILL BE PERFORMED:

FACILITY NAME: _____ COMPLETE ADDRESS: _____

18. ARE YOU EMPLOYED AS A SALARIED EMPLOYEE OF A PUBLIC SCHOOL IN THE SETTING(S) LISTED IN QUESTION #9?

YES _____ NO _____

**A YES answer to any of the questions above (19 through 24), requires you to complete and submit the Conviction and Discipline Reporting Form.
DO NO RESUBMIT ANY DOCUMENTS PREVIOUSLY PROVIDED TO THE BOARD.**

SINCE THE ISSUANCE OF YOUR TEMPORARY LICENSE HAVE YOU...	YES	NO
19. 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"/>
20. Had any pending investigations by any State or Federal agencies against you?	<input type="checkbox"/>	<input type="checkbox"/>
21. 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"/>
22. 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"/>
23. 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"/>
24. 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, 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

✦ 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 36 weeks for speech-language pathology and 12 months for audiology of full-time professional experience (defined as 30-40 hours per week) with eight hours of direct supervision per month or 72 weeks for speech-language pathology and 24 months for audiology 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 SLP or AU license; or (if employed by a public school) a clear, valid, teaching credential authorizing service in language, speech, and hearing issued by the 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 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 every four years thereafter.

SIGNATURE OF SUPERVISOR

PRINT FULL LEGAL NAME OF SUPERVISOR

LICENSE NO. or
CREDENTIAL NO.

Date