



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)

<p>11. LOCATION(S) WHERE EXPERIENCE WAS OBTAINED:</p> <p>(A) _____ CHECK ONE: <input type="checkbox"/> SCHOOL SETTING <input type="checkbox"/> OTHER FACILITY OR SCHOOL NAME</p> <p>_____ CITY, STATE, ZIP CODE STREET ADDRESS</p> <p>(B) _____ CHECK ONE: <input type="checkbox"/> SCHOOL SETTING <input type="checkbox"/> OTHER FACILITY OR SCHOOL NAME</p> <p>_____ CITY, STATE, ZIP CODE STREET ADDRESS</p>
<p>12. HOURS RPE WORKED <u>PER WEEK</u>:</p>
<p>13. DATES OF EXPERIENCE: MM/DD/YYYY <i>(Must reflect only the dates within the RPE temporary license period. A start and end date <u>must</u> be supplied.)</i></p> <p>START: / / END: / /</p>
<p>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></p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>15. SUPERVISION: <i>(Check one)</i></p> <p><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.</p> <p><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.</p> <p><input type="checkbox"/> The RPE worked less than fifteen (15) hours per week.</p>
<p>16. PERFORMANCE OF RPE APPLICANT WAS: <i>(Check one)</i></p> <p><input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY</p> <p>COMMENTS: (Required if unsatisfactory, optional if satisfactory)</p>

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