



CHANGE/ADDITION IN SUPERVISION/WORKPLAN

This form is to report a change in supervisor, add a supervisor, change location and/or change in work setting. All qualified Speech-Language Pathologists or Audiologists who assume responsibility for providing supervision to a required professional experience (RPE) must complete and sign under penalty of perjury. All information submitted on this form is true and correct.

TO BE COMPLETED BY RPE:

 Last Name

 First Name

I AM REPORTING:

- A change of supervisor (previous supervisor must submit the RPE verification form within 10 days).
- An additional supervisor Change in location Change in work setting

EFFECTIVE DATE CHANGE: _____

NUMBER OF RPE EMPLOYMENT HOURS PER WEEK (CHECK ONE)

- 30-40 (FULL-TIME) 15-29 (PART-TIME) 14 OR LESS

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

_____ FACILITY OR SCHOOL NAME (NO ABBREVIATIONS)	_____ STREET ADDRESS	_____ CITY	_____ STATE	_____ ZIP
_____ FACILITY OR SCHOOL NAME (NO ABBREVIATIONS)	_____ STREET ADDRESS	_____ CITY	_____ STATE	_____ ZIP

ARE THE SETTING(S) LISTED ABOVE A PUBLIC SCHOOL? Yes No

- IF YES, IS THE RPE**
- A SALARIED EMPLOYEE OF PUBLIC SCHOOL OR COUNTY OFFICE OF EDUCATION.
 - PAID BY A CONTRACT AGENCY AND PLACED IN THE PUBLIC SCHOOL.

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT I HAVE READ AND UNDERSTAND THE FOREGOING. I FURTHER CERTIFY THAT ALL INFORMATION SUBMITTED ON THIS FORM IS TRUE AND CORRECT.

 Signature of RPE

 Print Full Name of RPE

 License No.

 Date

TO BE COMPLETED BY SUPERVISOR:

NAME OF SUPERVISOR:
 LAST

FIRST

 License No. or
 Credential No.

 STREET ADDRESS

 CITY

 STATE

 ZIP

 EMAIL ADDRESS

TYPE OF SUPERVISION:

- THE RPE WILL BE WORKING FULL-TIME (30-40) HOURS PER WEEK AND I AGREE TO PROVIDE THE EIGHT HOURS A MONTH DIRECT SUPERVISION. FOUR OF THE EIGHT WILL BE IN SCREEN, THERAPY, AND EVALUATION.
- THE RPE WILL BE WORKING PART-TIME (15-29) HOURS PER WEEK AND I AGREE TO PROVIDE FOUR HOURS A MONTH DIRECT SUPERVISION. TWO OF THE FOUR WILL BE IN SCREEN, THERAPY, AND EVALUATION.
- THIS SETTING IS LESS THAN 14 HOURS PER WEEK WITH ADEQUATE SUPERVISION.

I, THE RPE SUPERVISOR, CERTIFY THAT I HAVE READ AND UNDERSTAND MY RESPONSIBILITIES AS AN RPE SUPERVISOR.

 Signature of RPE Supervisor

 Print Full Name of RPE Supervisor

 Date

✦ Duties and Responsibilities of RPE ✦

RPE and RPE's supervisor(s) must read and sign this form under the penalty of perjury.
Please submit with the completed Change/Addition in Supervision/Work plan form.

- 1) I have read and understand the excerpts of 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, 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 SLP or 12 months for AU of full-time professional experience (defined as 30-40 hours per week) with eight hours of direct supervision per month or 72 weeks for SLP or 24 months for AU of professional 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.

Signature of RPE

Print Full Name of RPE

License Number

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 valid, current, and professional clear credential authorizing service in language speech, and hearing issued by the Commission on Teacher Credentialing.
- 2) I agree to ensure that either my California licensee or my official 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 RPE Supervisor

Print Full Name of RPE Supervisor

License No. or
Credential No.

Date