

SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY & HEARING AID DISPENSERS BOARD 1601 Response Road, Suite 260, Sacramento, CA 95815 P (916) 287-7915 | www.speechandhearing.ca.gov

TERMINATION OF SUPERVISION FOR REQUIRED PROFESSIONAL EXPERIENCE

Division 13.4 of Title 16, California Code of Regulations (CCR) section 1399.153.9 requires that at the time of termination of supervision for required professional experience (RPE), the supervisor shall <u>notify the Board</u> within ten (10) days of the termination. A completed RPE Verification Form must be submitted to the Board. Form can be found at https://www.speechandhearing.ca.gov/forms pubs/rpe verification.pdf.

| ART A – RPE Infori | illation (Fiease | riiii) | | |
|----------------------|-----------------------------------|-------------------|---|-------------------|
| 1. FULL LEGAL NAME: | LAST | | FIRST | MIDDLE |
| 2. RPE LICENSE NUMBE | R | | | |
| ART B – Superviso | | Please Print) | | |
| 1. FULL LEGAL NAME: | LAST | | FIRST | MIDDLE |
| 2. LICENSE NUMBER OR | R CREDENTIAL NUMI | BER | | |
| SLP# | AU# | CREDEN | TIAL # | |
| l, | Supervisor N | Name | am terminating t | he supervision of |
| RPE name | | 9 | effective as of | Effective Date |
| | at misstatements on of a license. | or omissions of r | the State of California that all st material facts may be cause for e of Supervisor | |
| gz | | | | 2-11-2 |
| Street Address | | City | State | Zip Code |
| | | | | |

DO <u>NOT</u> FAX THIS FORM
THE BOARD REQUIRES ORIGINAL SIGANTURES