Georgia State Board of Examiners For Speech-Language Pathology and Audiology
237 Coliseum Drive, Macon, GA 31217
PHONE: 478-207-2440 www.sos.ga.gov/plb/speech

REQUESTED CHANGES TO APPLICATION FOR PCE or RPE

Please Check Area of Temporary License: ☐ Speech ☐ Audiology
Proposed Change of: ☐ Supervisor ☐ Place of Employment ☐ Employer ☐ Dates/Duration of Breaks in Service

INSTRUCTIONS:

1. **This application is to be completed by approved PCE or RPE Fellow only.**
2. **This application must be submitted to the Board within 14 days of any changes in the PCE or RPE during the approved period.**
3. **If a new PCE or RPE Supervisor is requested, the previously approved PCE or RPE supervisor must submit to the Board the *Documentation of Completion of PCE or RPE* form. The new PCE or RPE Supervisor and PCE Fellow must complete the *Board Letter to PCE or RPE Applicant* form. *The Documentation of Completion of PCE or RPE* form from the former supervisor and the *Board Letter to PCE or RPE Applicant* form must be attached to this Requested Changes application.**
4.

Name of PCE Fellow _____
First Middle Last

Name of Current Employer (contract agency, school system, hospital, etc.)_____

Name of New Employer (contract agency, school system, hospital, etc.)_____

***Current* Employment site address of PCE or RPE** _____
Name of Facility

_____
Street City State Zip Code

***New* Employment site address of PCE Fellow** _____
Name of Facility

_____
Street City State Zip Code

PCE Dates with former supervisor: Beginning _____ **Ending** _____
month/day/year month/day/year

PCE Dates requested with new supervisor: Beginning _____ **Ending** _____
month/day/year month/day/year

Number of Hours worked per week: _____ **Hours**

Name of *Current* Supervisor _____
First Middle Last

Name of *New* Supervisor _____
First Middle Last

Employment address of *New* Supervisor _____
Name of Facility

License number:
Georgia License number: _____ **Expiration Date** _____
Please List license numbers of all PCE Fellows you are currently supervising _____

_____

_____
Signature of Applicant **Date**

_____
Signature of Supervisor **Date**

Revised 4/22/10

GEORGIA BOARD OF
SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY
237 Coliseum Drive
Macon, Georgia 31217
478-207-2440

LETTER TO THE PCE or RPE AND SUPERVISOR

Dear PCE or RPE Applicant/Fellow:

It is very important that you read the rules of the Georgia Board of Speech-Language Pathology and Audiology. Of particular interest to you will be Rule 609-3-.02. This rule has vital information relative to your PCE or RPE license. **Please review these Rules with your PCE or RPE supervisor and make certain each of you understands your responsibilities.**

The Georgia Board of Speech-Language Pathology and Audiology grants the PCE or RPE temporary license for the purpose of practicing during the paid clinical experience or the required professional experience. **The PCE or RPE CANNOT begin until the application for change to the PCE or RPE has been approved and notification from the Board has been received.**

The PCE or RPE Fellow must notify the Georgia Board of Speech-Language Pathology and Audiology in writing if there are any changes in the PCE or RPE during the approved period.

A person who fails to apply for and be approved for a PCE or RPE temporary license shall be considered **practicing without a license** and may be subject to sanctions under Title 43 of the Official Code of Georgia Annotated.

A **PCE or RPE supervisor** who allows a person to practice without a PCE or RPE temporary license may be subject to disciplinary actions or sanctions under Title 43 of the Official Code of Georgia Annotated.

I have read the Rules and understand my responsibilities.

_____
PCE or RPE Applicant/Fellow **Date**

_____
PCE or RPE Supervisor **Date**

THIS LETTER MUST BE RETURNED WITH THE APPLICATION.