

GEORGIA STATE BOARD OF EXAMINERS FOR
SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY
237 Coliseum Drive
Macon, Georgia 31217-3858
(478) 207-2440 Telephone
www.sos.state.ga.us/plb/speech

**DOCUMENTATION OF COMPLETION OF
PAID CLINICAL EXPERIENCE (PCE) or REQUIRED PROFESSIONAL EXPERIENCE (RPE)**

INSTRUCTIONS

- This Form is to be completed at the end of the PCE or RPE.
- PCE or RPE Fellow should complete Parts I and III.
- PCE or RPE Supervisor must complete Parts II and III.
- AUD graduates Jan. 1, 2007 and after must complete Part IV only.
- Submit this form and documents to the Board office **within 14 days** from the completion of the PCE or RPE.

PART I – PCE or RPE FELLOW/APPLICANT FOR LICENSURE

PERSONAL INFORMATION

NAME OF APPLICANT _____
Last First Middle Maiden

ADDRESS OF RECORD: _____
Street City State Zip Code

HOME PHONE: () _____ BUSINESS PHONE: () _____ FAX: () _____

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER _____
Month/Day/Year [Optional: For Identification, Law Enforcement, Statistical and Administrative Purposes]

CLINICAL EMPLOYMENT

➤ If more than one location, use separate page for each

EMPLOYMENT ADDRESS OF APPLICANT

Name of Facility _____
Street Address _____
City/State/Zip Code _____

PCE DATES: BEGINNING _____ ENDING _____
Month/Day/Year Month/Day/Year

AREA OF TEMPORARY LICENSE: SPEECH # _____ AUDIOLOGY # _____
WORK STATUS [# HOURS WORKED PER WEEK] _____

PART II - SUPERVISION OF EXPERIENCE

NAME OF SUPERVISOR _____
Last First Middle Maiden

EMPLOYMENT ADDRESS OF SUPERVISOR

Name of Facility _____
Street Address _____
City/State/Zip Code _____

SUPERVISOR

Yes No Does the Supervisor hold a current Georgia license? If "yes," complete below.
If "no" see Instructions on page 1.
GEORGIA LICENSE NUMBER _____ EXPIRATION DATE _____
ASHA CERTIFICATION NUMBER _____ EXPIRATION DATE _____
AREA OF LICENSURE AND/OR CERTIFICATION: SPEECH AUDIOLOGY

SUPERVISOR'S EVALUATION OF APPLICANT'S ABILITY

Please: 1) Evaluate Applicant's present ability to function without supervision in each of the areas listed below and 2) Indicate the approximate number of hours per week spent in each of the following areas.

➤ **Use a separate sheet, if necessary.**

ASSESSMENT, EVALUATION, DIAGNOSIS _____

HABILITATION, REHABILITATION, THERAPY _____

PROFESSIONAL RELATIONSHIPS

CLINICAL RECORD KEEPING _____

OTHER _____

AMOUNT AND KIND OF CONTACT

TOTAL NUMBER OF DIRECT OBSERVATIONS: _____

Briefly describe the **number** and **each type of other monitoring contact** [letters, telephone calls, records observations, videotapes, etc.] made during the PCE or RPE. _____

Yes No **FROM YOUR ASSESSMENT DURING THE PCE or RPE, DOES THE PCE or RPE FELLOW DEMONSTRATE CLINICAL COMPETENCE IN THE AREA FOR WHICH THE FELLOW IS SEEKING LICENSURE?**

Yes No **DO YOU RECOMMEND THAT THE PCE or RPE FELLOW'S PERIOD OF PCE or RPE BE APPROVED BY THE BOARD AS MEETING THE REQUIREMENTS FOR LICENSURE?**

PART III – APPLICANT'S SIGNATURES

SIGNATURES

APPLICANT: Yes No I have discussed this report with the Supervisor of my PCE or RPE.

Signature of Applicant

Date

SUPERVISOR'S SIGNATURE MUST BE NOTARIZED

SUPERVISOR: Yes No I have discussed this report with the PCE or RPE Fellow/Applicant for licensure.

Signature of Supervisor

Date

Sworn to and subscribed before me this
_____ day of _____, _____.

Notary Public

My Commission Expires _____

NOTARY SEAL

PART IV – AUD VERIFICATION OF RPE

NAME OF APPLICANT: _____ **SSN:** _____

By signing below, I swear and attest that I have completed the required professional experience as defined by Board Rule 609-3-.04

Signature of Applicant

Date

Sworn to and subscribed before me this
_____ day of _____, _____.

Notary Public

My Commission Expires _____

NOTARY SEAL