Application Checklist for Audiology Aide or Speech-Language Pathology Aide

Registration of an Aide

Visit our Frequently Asked Questions page for more information (link available under the Applicant/Registrant tab).

If you need additional assistance, please email the Board at speechandhearing@dca.ca.gov

1. **Application**
   - A separate application and $30 fee must be submitted for each supervisor.

2. **Fees**
   - Please submit a check or money order to the Board in amount of $30, made payable to SLPAHADB.

3. **Fingerprints**
   - California applicants are required to use Live Scan for fingerprinting; please submit a copy of the completed Live Scan form to the Board. Fees are paid directly to the Live Scan operator.

   - Out-of-State applicants are required to submit two fingerprint cards (FD-258) and a check or money order to the Board for $49.00 (DOJ and FBI processing fee). You may find a link to the fingerprint cards on our website under the Forms/Publications tab.
     - One (1) check or money order in the amount of $79 ($30 application/licensing fee and $49 fingerprint card processing fees) may be submitted. Please make check or money order payable to SLPAHADB.

CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR

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

Audiology or Speech-Language Pathology
AIDE REGISTRATION APPLICATION
$30.00

INSTRUCTIONS: Do not print this application double-sided. You must complete **Part A** and your supervisor must complete **Part B**. Any corrections to this form must be crossed out and initialed. Application is formatted to be typed; it may also be handwritten legibly.

APPLICATION TYPE (Check one): ☐ Audiology Aide ☐ Speech-Language Pathology Aide

PART A – Personal Information

1. FULL LEGAL NAME:	LAST	FIRST	MIDDLE
2. OTHER NAMES YOU HAVE USED (INCLUDING MAIDEN):			
3. STREET ADDRESS	CITY	STATE	ZIP
4. PERSONAL TELEPHONE:		BUSINESS TELEPHONE:	
4. SOCIAL SECURITY NUMBER (SSN) / INDIVIDUAL TAXPAYER IDENTIFICATION NUMBER (ITIN):		6. DATE OF BIRTH: (MM/DD/YYYY)	
7. EMAIL ADDRESS:			

MILITARY AND EXPEDITE INFORMATION	YES	NO
8. ARE YOU CURRENTLY SERVING IN, OR HAVE YOU PREVIOUSLY SERVED IN, THE MILITARY?	☐	☐
9. HAVE YOU SERVED AS AN ACTIVE DUTY MEMBER OF THE ARMED FORCES OF THE U.S. AND WERE HONORABLY DISCHARGED? By checking yes, you may qualify for expedited application processing. An applicant for expedited application processing must meet the following requirement: 1) supply satisfactory evidence with the application that the applicant has served as an active duty member of the Armed Forces of the United States and was honorably discharged (DD-214).	☐	☐
10. ARE YOU A SPOUSE OR REGISTERED DOMESTIC PARTNER OF ACTIVE DUTY MILITARY PERSONNEL STATIONED IN CALIFORNIA AND DO YOU HOLD A VALID LICENSE IN ANOTHER STATE OF THE SAME TYPE AS THE ONE FOR WHICH YOU ARE APPLYING IN CALIFORNIA? By checking yes, you may qualify for expedited application processing and waiver of the associated fee. An applicant for expedited application processing must meet both of the following requirements: 1) supplies satisfactory evidence with the application that you are married to, or in a domestic partnership or other legal union with, an active duty member of the armed forces of the United States who is assigned to a duty station in California under official active duty military orders; and 2) holds a current license in another state, district, or territory of the United States in speech-language pathology and provide evidence of the license with the application.	☐	☐
11. BUSINESS AND PROFESSIONS CODE SECTION 135.4 PROVIDES THAT THE BOARD MUST EXPEDITE, AND MAY ASSIST WITH, THE INITIAL LICENSURE PROCESS FOR CERTAIN APPLICANTS DESCRIBED BELOW. Do any of the following statements apply to you? If you select yes, then you must submit the appropriate supporting document(s). • You were admitted to the United States as a refugee pursuant to section 1157 of title 8 of the United States Code. • You were granted asylum by the Secretary of Homeland Security or the United States Attorney General pursuant to section 1158 of title 8 of the United States code. • You have a special immigrant visa and were granted a status pursuant to section 1244 of Public Law 110-181, Public Law 109-163, or section 602(b) of title VI of division F of Public Law 111-8, relating to Iraqi and Afghan translators/interpreters or those who worked for or on behalf of the United States government.	☐	☐
12. PURSUANT TO BUSINESS AND PROFESSIONS CODE SECTION 115.4, BEGINNING JULY 1, 2024, THE BOARD/BUREAU SHALL EXPEDITE THE INITIAL LICENSURE PROCESS FOR AN APPLICANT WHO IS AN ACTIVE DUTY MEMBER OF THE US ARMED FORCES AND ENROLLED IN THE US DEPARTMENT OF DEFENSE SKILLBRIDGE PROGRAM. Do you request expediting of your application under this authority? If you select YES, you must attach documentation of enrollment to this application.	☐	☐

DISCIPLINARY INFORMATION *A YES answer to any of the questions below requires you to complete and submit the Discipline Reporting Form.*	**YES**	**NO**
13. Have you ever been the subject of a disciplinary action or have any *pending* disciplinary action taken, or charges filed against, any Speech-Language Pathology, audiology, hearing aid dispensing, or other healing arts license, including any disciplinary action taken by any other state or federal government entity? *This includes, but is not limited to, suspension, revocation, probation, confidential discipline, consent order, letter of reprimand or warning, or any other restriction of actions taken against a license.*	☐	☐
14. Have you had any pending investigations by any state or federal agencies against you?	☐	☐
15. Have you been denied a license to practice Speech-Language Pathology, audiology, hearing aid dispensing, or other healing arts profession, in any state or country?	☐	☐
16. Have you voluntarily surrendered a license to practice Speech-Language Pathology, audiology, hearing aid dispensing, or other healing arts, in another state or country?	☐	☐

You must report to the Board the result of any actions which have been filed or are pending against any speech-language pathology or audiology license you hold at the time of filing this application. Failure to report this information may result in the denial of your application or subject your license to discipline pursuant to Section 480 (c) of the Business and Professions Code.

I hereby 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 application or for suspension or revocation of a license.

_____ _____

Applicant's Signature Date

INFORMATION COLLECTION AND ACCESS: The information requested on this application is mandatory and will be used to process this application. The Executive Officer of the Speech-Language Pathology, Audiology, and Hearing Aid Dispensers Board is responsible for maintaining the information in this form, and may be contacted at 1601 Response Road, Suite 260, Sacramento, CA 95815, 916-287- 7915 regarding questions about this notice or access to records. Information provided may be transferred to other governmental and enforcement agencies as necessary to permit the Board, or the transferee agency, to perform its statutory or constitutional duties, or otherwise transferred or disclosed as provided in Civil Code section 1798.24. Each individual has the right to review his or her file, except as otherwise provided by the Information Practices Act. Certain information provided may be disclosed to a member of the public, upon request, under the California Public Records Act. Disclosure of your social security number is mandatory, and collection is authorized by Business and Professions section 30. Your social security number will be used exclusively for tax enforcement purposes and investigation of violations of cash-pay reporting laws as set forth in Unemployment Insurance Code section 329, for compliance with any judgment or order for family support in accordance with Business and Professions Code section 30 and Family Code section 17520, or for verification of licensure or examination status by a licensing or examination board. If you fail to disclose your social security number, then you may be reported to the Franchise Tax Board and be assessed a penalty of $100 in accordance with Revenue and Taxation Code section 19528. Pursuant to Business and Professions Code section 31(e), the California Department of Tax and Fee Administration and the Franchise Tax Board may share taxpayer information with the Board. If a registrant does not pay his or her state tax obligation, then the license or registration may be suspended.

PART B – To be completed by the Supervisor

Refer to Title 16, California Code of Regulations, Section 1399.154.2 for supervisor's responsibilities.

15. FULL LEGAL NAME OF SUPERVISOR:	LAST	FIRST	MIDDLE
STREET ADDRESS:			
CITY, STATE, ZIP CODE:			
16. BUSINESS TELEPHONE:		SLP OR AU LICENSE NUMBER:	
17. EMAIL ADDRESS:			
18. List all duties the aide will perform in assisting the supervisor/licensee in the practice of Speech-Language Pathology or audiology. For each duty listed, describe the method of supervision. **Please be very specific.** Attach additional pages as necessary.			
19. For each duty listed for Question 18, describe in detail the supervisor's training methods, the necessary minimum competency level of the aide, the manner in which the aide's competency will be assessed, the person(s) responsible for the training, a summary of past education, training, and experience the aide may already have acquired, the length of the training program, and the manner in which the assessment of the aide's competency level will be attained. Include a copy of any training manuals to be used.			

I, the aide applicant, have discussed the plan for supervision with this supervisor and agree to its implementation. I further certify under penalty of perjury under the laws of the State of California that all statements made herein are true and correct. Any misrepresentation may be cause for application denial.

APPLICANT'S SIGNATURE: _____ DATE SIGNED: _____

I, the aide supervisor, have discussed the plan for supervision with the aide applicant and hereby accept professional and ethical responsibility for his or her performance. I further certify under penalty of perjury under the laws of the State of California that all statements made in Part B are true and correct.

SUPERVISOR'S SIGNATURE: _____ DATE SIGNED: _____

SPEECH-LANGUAGE PATHOLOGY OR AUDIOLOGY AIDE REGISTRATION

✦Duties and Responsibilities of Aide✦

Aide applicant must read and sign this form under the penalty of perjury.

1) I have read and understand the laws and regulations pertaining to the responsibilities of a Speech-Language Pathology or Audiology Aide registration 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 my registration, then I will immediately notify the Board. *A supervisor's license may be verified at any time on the Board's website.*

3) I understand that I am required to have 100% direct supervision when assisting with clients or patients.

4) I understand that any experience obtained as an aide shall not be creditable toward the supervised clinical experience required as a Speech-Language Pathologist or audiologist.

APPLICANT SIGNATURE | PRINTED FULL LEGAL NAME OF APPLICANT | DATE

✦ Duties and Responsibilities of Supervisor ✦

Aide applicant supervisor must read and sign this form under the penalty of perjury.

1) I possess the following qualification to supervise an aide applicant: a California Speech-Language Pathologist or Audiologist license; or (if employed by a public school) a clear and valid teaching credential authorizing service in language, speech, and hearing issued by the California Commission on Teacher Credentialing.

2) I agree to ensure that either my California license or my teaching credential is renewed in a timely manner.

3) I agree to provide 100% direct supervision to the aide when assisting with clients or patients.

4) I will not supervise a greater number than three Aides at any one time pursuant to California Code of Regulations Section 1399.154.3.

5) I will immediately notify the aide of any disciplinary action, including revocation, suspension (even if stayed), probation terms, inactive licensure, or lapse in licensure, that affects my qualification to supervise.

6) I have read and understand the laws and regulations pertaining to the supervision of the aide.

7) I shall establish and complete a training program for a Speech-Language Pathology or Audiology Aide in accordance with Section 1399.154.4, which is unique to the duties of the aide and the setting in which he or she will be assisting the supervisor.

SIGNATURE OF SUPERVISOR | PRINT FULL LEGAL NAME OF SUPERVISOR

SLP OR AU LICENSE NUMBER | Date