Application Checklist for Hearing Aid Dispensers
Trainee

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

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

1. **Application**
   - Please answer all questions.

2. **Fees**
   - Please submit a check or money order to the Board in the amount of $400.00, which covers the application fee ($175) and written exam fee ($225), made payable to SLPAHADB.

3. **Fingerprints – DOJ and FBI clearances must be received prior to issuance of a license.**
   - **California** applicants are required to use Live Scan for fingerprinting; please submit a copy of the completed 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).
     - For out-of-state applicants, one (1) check or money order in the amount of $449 ($400 application and written exam fee and $49 fingerprint card processing fees) may be submitted. Please make check or money order payable to SLPAHADB.

4. **High School Diploma**
   - Please submit a copy of your high school diploma, GED, or higher education diploma with your application.

5. **Government Issued ID verifying a minimum of 18 years of age**
   - Please submit a copy of a Driver's License, Passport, ID card, etc.

PLEASE NOTE: All of the above items must be submitted at the same time.

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

HEARING AID DISPENSER
APPLICATION FOR TEMPORARY LICENSURE
TRAINEE WITH SUPERVISION
$400.00 (Application Fee and Written Exam Fee)

INSTRUCTIONS: Do not print this application double-sided. Any corrections to this form must be crossed out and initialed. Please do not use any white out or correction tape on this application.

PART A – Applicant Information

1. FULL LEGAL NAME:	LAST	FIRST	MIDDLE	
2. OTHER NAMES YOU HAVE USED (INCLUDING MAIDEN):				
3. STREET ADDRESS	CITY	STATE	ZIP	
4. RESIDENCE TELEPHONE:				
5. SOCIAL SECURITY NUMBER (SSN) / INDIVIDUAL TAX 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.	☐	☐

PART B – Education and Experience Information

EDUCATION INFORMATION		
13. DECLARATION OF EDUCATION (provide a copy of qualifying high school diploma, GED or college diploma)		
EDUCATIONAL INSTITUTION NAME	DEGREE AWARDED	DATE RECEIVED
High School:		
Higher Educational Institution:		

EXPERIENCE INFORMATION	YES	NO
14. Do you hold a Required Professional Experience Temporary License to practice audiology in California? If yes, please provide license number: _____	☐	☐
15. Have you previously been licensed to dispense hearing aids in another state(s)? If yes, please identify the state, license number, original issue date, and current status below.	☐	☐

State:	License Number:	Original Date Issued:	Current License Status:

16. Have you ever held or applied for a temporary or permanent license in California? If yes, please list when and under what name. Year applied: _____ Name on Application: _____ License Number:_____	☐	☐
DISCIPLINARY INFORMATION *A YES answer to any of the questions below requires you to complete and submit the Discipline Reporting Form.*	**YES**	**NO**
17. 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.*	☐	☐
18. Have you had any pending investigations by any state or federal agencies against you?	☐	☐
19. 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?	☐	☐
20. 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 C – To be Completed by the Hearing Aid Dispenser Temporary Trainee Supervisor
Refer to Title 16, California Code of Regulations, Section 1399.118 for supervisor's responsibilities.

17. FULL LEGAL NAME OF SUPERVISOR:	LAST	FIRST	MIDDLE
18. STREET ADDRESS:			
CITY, STATE, ZIP CODE:			
19. LICENSE NUMBER:			
20. BUSINESS TELEPHONE:			
21. EMAIL ADDRESS:			
22. BUSINESS NAME			
23. BUSINESS ADDRESS			
CITY, STATE, ZIP CODE			

I, the Hearing Aid Dispenser Temporary Trainee applicant, have discussed the plan for supervision with this supervisor and agree to its implementation and will not provide professional services until I have been issued a Hearing Aid Dispenser Temporary Trainee license. I further certify under penalty of perjury under the laws of the State of California that all statements made in the application are true and correct. Any misrepresentation may be caused for denial of my license.

Applicant's Signature: _____ Date: _____

I, the Supervisor of this Hearing Aid Dispenser Temporary Trainee, have discussed the plan for supervision with the Hearing Aid Dispenser Temporary Trainee applicant and hereby accept professional responsibility for his or her performance. I understand that professional services cannot be rendered until a Hearing Aid Dispenser Temporary Trainee license has been issued. I further certify under penalty of perjury under the laws of the State of California that all statements made in the application are true and correct.

Supervisor's Signature: _____ Date: _____

PLEASE NOTE:

- This license is issued for six (6) months and can only be extended two additional times.
- You must take the written exam within the first twelve (12) months of issuance of license.
- Your supervisor is required to have been licensed for at least three (3) years in California in order to supervise.

HEARING AID DISPENSER TEMPORARY TRAINEE LICENSE

✦Duties and Responsibilities of Hearing Aid Dispenser Trainee✦

Hearing Aid Trainee applicants and the applicant's supervisor must read and sign this form under the penalty of perjury. Please submit with the completed Hearing Aid Dispenser Temporary Trainee Application.

1) I have read and understand the excerpts of the laws and regulations, included with my application, pertaining to the responsibilities of a Hearing Aid Dispenser Temporary Trainee 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.*

APPLICANT'S SIGNATURE | APPLICANT'S PRINTED LEGAL NAME | DATE

✦Duties and Responsibilities of Hearing Aid Dispenser Trainee Supervisor✦

1) I have possessed my valid California Hearing Aid Dispensing license for more than three years.

2) I will examine all records and tests made by the trainee and concur with the hearing aid sale by countersigning the documents.

3) I will reevaluate the fitting and selling techniques of this trainee at least weekly.

4) I will be readily available to the trainee to give advice and instructions in the fitting and selling of hearing aids.

5) I will instruct the trainee in the law respective to hearing aid dispensers.

6) I will train with instruments which are adequate and reliable.

7) I will be present in the same work space as the trainee at least 20% of the of the trainee's work week.

8) If the trainee has failed the written or practical exam, I will be present at all fittings and sales made by the trainee-applicant according to CCR Section 139.119(d).

9) I will assure that my trainee will take the written exam within twelve (12) months of becoming a trainee.

10) I will assure the trainee is not misrepresented as a hearing aid dispenser, or a specialist, or a consultant, or any other such term, but will present himself or herself as a hearing aid dispenser trainee.

11) I understand that if I neglect to meet any of the specifications for supervision and training, I may lose the right to supervise additional trainees.

SIGNATURE OF SUPERVISOR | PRINTED NAME OF SUPERVISOR | DATE

LICENSE NUMBER