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
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APPLICATION TO SUPERVISE HEARING AID DISPENSER TRAINEE
NO FEE REQUIRED

PLEASE NOTE:

- The supervisor must possess a California hearing aid dispensers or dispensing audiology license for at least three (3) years.
- A supervisor shall not supervise more than one trainee-applicant at any one time unless granted a specific waiver by the Board.
- The supervisor must be physically present in the same work setting as the trainee for a minimum of 20% of the time.
- The supervisor is responsible for all acts or omissions by the trainee while practicing the fitting and selling of hearing aids.
- If the trainee fails either the written or practical exam, the **supervisor is required** to be physically present 100% of the time at all fittings and sales made by the trainee.

PART A – Supervisor's Information

FULL LEGAL NAME: LAST	FIRST	MIDDLE	
BUSINESS NAME:			
BUSINESS ADDRESS	CITY	STATE	ZIP CODE
BUSINESS TELEPHONE:		EMAIL ADDRESS:	
LICENSE NUMBER:			

Please answer the following questions:	YES	NO
7. 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 with the last three years? Include 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.*	☐	☐
8. Have you had any pending investigations by any state or federal agencies against you within the last three years?	☐	☐
9. Have you been denied a license to practice speech-language pathology, audiology, hearing aid dispensing, or other healing arts, in any state or country within the last three years?	☐	☐
10. Have you voluntarily surrendered a license to practice speech-language pathology, audiology, hearing aid dispensing, or other healing arts in another state or country?	☐	☐

PART B – Trainee's Information

FULL LEGAL NAME: LAST	FIRST	MIDDLE	
BUSINESS NAME:			
BUSINESS ADDRESS	CITY	STATE	ZIP CODE
BUSINESS TELEPHONE:		EMAIL ADDRESS:	
LICENSE NUMBER:			

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 cause 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/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

CERTIFICATION

□Duties and Responsibilities of Supervisor□

Supervisor's must read and sign this form under the penalty of perjury.

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 readily be 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 workspace as the trainee at least 20% 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 1399.119(d).
9) I will assure that my trainee will take the written exam within ten (10) 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 I 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	PRINT FULL LEGAL NAME OF SUPERVISOR	LICENSE NO.	DATE