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

TERMINATION OF SUPERVISION FOR HEARING AID DISPENSER TRAINEE

Division 13.4 of Title 16, California Code of Regulations Section 1399.118 (1) and 1399.118 (2) states that a supervisor shall be responsible for providing supervision until whichever the following occurs:

1. The trainee obtains a permanent license.
2. The supervisor gives written notification to the Board that they are terminating supervision and training.

The completed form can be emailed to: speechandhearing@dca.ca.gov

Part A – Hearing Aid Dispenser Trainee (Please Print Clearly)

1. FULL LEGAL NAME:	LAST	FIRST	MIDDLE
2. HEARING AID DISPENSER TEMPORARY TRAINEE LICENSE NUMBER			

Part B – Supervisor Information (Please Print Clearly)

1. FULL LEGAL NAME:	LAST	FIRST	MIDDLE
2. HEARING AID DISPENSER LICENSE NUMBER			
3. BUSINESS ADDRESS:	CITY	STATE	ZIP CODE
4. BUSINESS PHONE:			
5. EMAIL ADDRESS:			

I, _____ am terminating the supervision of _____

_____ effective as of _____

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 suspension, or revocation of a license.

_____	_____	_____
Supervisor's Signature	Printed Name of Supervisor	Date