Return to: California Department of Health Care Services

Children's Medical Services Branch Hearing Conservation Specialist

MS 8103

P.O. Box 997413

Sacramento, CA 95899-7413

FOR DEPARTMENT USE						
Registration accepted	☐ Yes ☐ No					
Date	Initials					

## REGISTRATION OF AGENCY INTENDING TO PROVIDE HEARING TESTING SERVICES PER SECTION 49452, CALIFORNIA EDUCATION CODE

Pursuant to Section 49452, California Education Code, the current Guidelines for Authorization by the County Superintendent(s)

(Health), we submit herewith, for a	ng testing standard acceptance and re	giotiation the					
Name of agency or private provider							
Address	City		County	ZIP code	Phone nu	mber	
Director's name	Degree		Licensed physician Licensed audiologis		ornia Credential—Speech/Hearing ornia Credential—School Nurse		
Description of testing services, fac	cilities, special equ	uipment:					
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	all meet or exce	eed the star	ndards prescribed by	/ the Califor	rnia Code	e of Regu	ulations
All hearing testing services sh Title 17, Section 2951.					1		
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Title 17, Section 2951.					QUA	LIFICATION	ONS
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Title 17, Section 2951.  THE FOLLOWING P  NAME	ERSONNEL WIL	L CONDUCT	TESTING SERVICES  ADDRESS	3	QUA Number Licensed Audiologist	Number School Audiometrist	ONS Number Speech/ Hearing
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Title 17, Section 2951.  THE FOLLOWING P  NAME  CHANGES IN PER	ERSONNEL WIL	E REPORTE	ADDRESS  D TO THE DEPARTM	3	QUA Number Licensed Audiologist	Number School Audiometrist	ONS Number Speech/ Hearing