



APPLICATION TO SUPERVISE A HEARING AID DISPENSER TRAINEE NO FEE REQUIRED

INSTRUCTIONS: Do not print this application double-sided. Any corrections to this form must be crossed out and initialed. No fee required.

PLEASE NOTE:

- The supervisor must possess a California hearing aid dispensers or dispensing audiology license 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 20% of the time.
- 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.
- The supervisor is responsible for all acts or omissions committed by the trainee while practicing the fitting and selling of hearing aids.

PART A – Supervisor’s Information

1. FULL LEGAL NAME:	LAST	FIRST	MIDDLE	
2. BUSINESS NAME:				
3. BUSINESS ADDRESS:				
CITY, STATE, ZIP CODE:				
4. BUSINESS TELEPHONE:				
5. LICENSE NUMBER:				
6. EMAIL ADDRESS:				
Please answer the following questions:			YES	NO
7. Have you ever been the subject of a disciplinary action or have any <i>pending</i> 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? <i>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.</i>			<input type="checkbox"/>	<input type="checkbox"/>
8. Have you had any pending investigations by any state or federal agencies against you within the last three years?			<input type="checkbox"/>	<input type="checkbox"/>
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?			<input type="checkbox"/>	<input type="checkbox"/>
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?			<input type="checkbox"/>	<input type="checkbox"/>

PART B – TRAINEE’S INFORMATION

11. FULL LEGAL NAME:	LAST	FIRST	MIDDLE
12. BUSINESS NAME:			
13. BUSINESS ADDRESS:			
	CITY, STATE, ZIP CODE:		
14. BUSINESS TELEPHONE:			
15. LICENSE NUMBER:			
16. EMAIL ADDRESS:			

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

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 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 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 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