



Application Checklist for Audiology Aide or Speech-Language Pathology Aide *Registration of an Aide*

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

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

1. Application

- A separate application and \$30 fee must be submitted for each supervisor.

2. Fees

- Please submit a check or money order to the Board in amount of \$30, made payable to SLPAHADB.

3. Fingerprints

- California applicants are required to use Live Scan for fingerprinting; please submit a copy of the completed Live Scan 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). You may find a link to the [fingerprint cards](#) on our website under the Forms/Publications tab.
 - One (1) check or money order in the amount of \$79 (\$30 application/licensing fee and \$49 fingerprint card processing fees) may be submitted. Please make check or money order payable to SLPAHADB.



Audiology or Speech-Language Pathology AIDE REGISTRATION APPLICATION

\$30.00

INSTRUCTIONS: Do not print this application double-sided. You must complete **Part A** and your supervisor must complete **Part B**. Any corrections to this form must be crossed out and initialed. Application is formatted to be typed; it may also be handwritten legibly.

APPLICATION TYPE (Check one):

☐

Audiology Aide

☐

Speech-Language Pathology Aide

PART A – Personal Information

1. FULL LEGAL NAME:	LAST	FIRST	MIDDLE	
2. OTHER NAMES YOU HAVE USED (INCLUDING MAIDEN):				
3. STREET ADDRESS	CITY	STATE	ZIP	
4. PERSONAL TELEPHONE:		BUSINESS TELEPHONE:		
4. SOCIAL SECURITY NUMBER (SSN) / INDIVIDUAL TAXPAYER 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). <ul style="list-style-type: none">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.				

DISCIPLINARY INFORMATION		YES	NO
<i>A YES answer to any of the questions below requires you to complete and submit the Discipline Reporting Form.</i>			
13. 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, including 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>			
14. Have you had any pending investigations by any state or federal agencies against you?			
15. 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?			
16. 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 B – To be completed by the Supervisor

Refer to Title 16, California Code of Regulations, Section 1399.154.2 for supervisor's responsibilities.

15. FULL LEGAL NAME OF SUPERVISOR:	LAST	FIRST	MIDDLE
STREET ADDRESS:			
CITY, STATE, ZIP CODE:			
16. BUSINESS TELEPHONE:		SLP OR AU LICENSE NUMBER:	
17. EMAIL ADDRESS:			
18. List all duties the aide will perform in assisting the supervisor/licensee in the practice of Speech-Language Pathology or audiology. For each duty listed, describe the method of supervision. <u>Please be very specific.</u> Attach additional pages as necessary.			
19. For each duty listed for Question 18, describe in detail the supervisor's training methods, the necessary minimum competency level of the aide, the manner in which the aide's competency will be assessed, the person(s) responsible for the training, a summary of past education, training, and experience the aide may already have acquired, the length of the training program, and the manner in which the assessment of the aide's competency level will be attained. Include a copy of any training manuals to be used.			

I, the aide applicant, have discussed the plan for supervision with this supervisor and agree to its implementation. I further certify under penalty of perjury under the laws of the State of California that all statements made herein are true and correct. Any misrepresentation may be cause for application denial.

APPLICANT'S SIGNATURE: _____ DATE SIGNED: _____

I, the aide supervisor, have discussed the plan for supervision with the aide applicant and hereby accept professional and ethical responsibility for his or her performance. I further certify under penalty of perjury under the laws of the State of California that all statements made in Part B are true and correct.

SUPERVISOR'S SIGNATURE: _____ DATE SIGNED: _____

SPEECH-LANGUAGE PATHOLOGY OR AUDIOLOGY AIDE REGISTRATION

✦ Duties and Responsibilities of Aide ✦

Aide applicant must read and sign this form under the penalty of perjury.

- 1) I have read and understand the laws and regulations pertaining to the responsibilities of a Speech-Language Pathology or Audiology Aide registration 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 my registration, then I will immediately notify the Board. *A supervisor's license may be verified at any time on the Board's website.*
- 3) I understand that I am required to have 100% direct supervision when assisting with clients or patients.
- 4) I understand that any experience obtained as an aide shall not be creditable toward the supervised clinical experience required as a Speech-Language Pathologist or audiologist.

APPLICANT SIGNATURE

PRINTED FULL LEGAL NAME OF APPLICANT

DATE

✦ Duties and Responsibilities of Supervisor ✦

Aide applicant supervisor must read and sign this form under the penalty of perjury.

- 1) I possess the following qualification to supervise an aide applicant: a California Speech-Language Pathologist or Audiologist license; or (if employed by a public school) a clear and valid teaching credential authorizing service in language, speech, and hearing issued by the California Commission on Teacher Credentialing.
- 2) I agree to ensure that either my California license or my teaching credential is renewed in a timely manner.
- 3) I agree to provide 100% direct supervision to the aide when assisting with clients or patients.
- 4) I will not supervise a greater number than three Aides at any one time pursuant to California Code of Regulations Section 1399.154.3.
- 5) I will immediately notify the aide of any disciplinary action, including revocation, suspension (even if stayed), probation terms, inactive licensure, or lapse in licensure, that affects my qualification to supervise.
- 6) I have read and understand the laws and regulations pertaining to the supervision of the aide.
- 7) I shall establish and complete a training program for a Speech-Language Pathology or Audiology Aide in accordance with Section 1399.154.4, which is unique to the duties of the aide and the setting in which he or she will be assisting the supervisor.

SIGNATURE OF SUPERVISOR

PRINT FULL LEGAL NAME OF SUPERVISOR

SLP OR AU LICENSE NUMBER

Date



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A0437

ORI (Code assigned by DOJ)

Speech Aide

License

Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board

Agency Authorized to Receive Criminal Record Information

06187

Mail Code (five-digit code assigned by DOJ)

1601 Response Road, Suite 260

Street Address or P.O. Box

N/A

Contact Name (mandatory for all school submissions)

Sacramento

CA

95815

City

State

ZIP Code

Contact Telephone Number

Applicant Information:

Last Name

First Name

Middle Initial

Suffix

Other Name: (AKA or Alias)

Last Name

First Name

Suffix

Sex ☐ Male ☐ Female

Date of Birth

Driver's License Number

Height

Weight

Eye Color

Hair Color

Billing
Number

(Agency Billing Number)

Place of Birth (State or Country)

Social Security Number

Misc.
Number

Applicant Must Pay At Site

(Other Identification Number)

Home

Address Street Address or P.O. Box

City

State

ZIP Code

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature

Date

Your Number: 7700 SLP/AU

OCA Number (Agency Identifying Number)

Level of Service: ☒ DOJ ☒ FBI

(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

If re-submission, list original ATI number:

(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Not Applicable

Employer Name

Street Address or P.O. Box

Telephone Number (optional)

City

State

ZIP Code

Mail Code (five digit code assigned by DOJ)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed



REQUEST FOR LIVE SCAN SERVICE

Privacy Notice

As Required by Civil Code § 1798.17

Collection and Use of Personal Information. The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) collects the information requested on this form as authorized by Business and Professions Code sections 4600-4621, 7574-7574.16, 26050-26059, 11340-11346, and 22440-22449; Penal Code sections 11100-11112, and 11077.1; Health and Safety Code sections 1522, 1416.20-1416.50, 1569.10-1569.24, 1596.80-1596.879, 1725-1742, and 18050-18055; Family Code sections 8700-87200, 8800-8823, and 8900-8925; Financial Code sections 1300-1301, 22100-22112, 17200-17215, and 28122-28124; Education Code sections 44330-44355; Welfare and Institutions Code sections 9710-9719.5, 14043-14045, 4684-4689.8, and 16500-16523.1; and other various state statutes and regulations. The CJIS Division uses this information to process requests of authorized entities that want to obtain information as to the existence and content of a record of state or federal convictions to help determine suitability for employment, or volunteer work with children, elderly, or disabled; or for adoption or purposes of a license, certification, or permit. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at <http://oag.ca.gov/privacy-policy>.

Providing Personal Information. All the personal information requested in the form must be provided. Failure to provide all the necessary information will result in delays and/or the rejection of your request.

Access to Your Information. You may review the records maintained by the CJIS Division in the DOJ that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. In order to process applications pertaining to Live Scan service to help determine the suitability of a person applying for a license, employment, or a volunteer position working with children, the elderly, or the disabled, we may need to share the information you give us with authorized applicant agencies.

The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes.
- To another government agency as required by state or federal law.

Contact Information. For questions about this notice or access to your records, you may contact the Associate Governmental Program Analyst at the DOJ's Keeper of Records at (916) 210-3310, by email at keeperofrecords@doj.ca.gov, or by mail at:

Department of Justice
Bureau of Criminal Information & Analysis
Keeper of Records
P.O. Box 903417
Sacramento, CA 94203-4170



REQUEST FOR LIVE SCAN SERVICE

Privacy Act Statement

Authority. The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose. Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses. During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental, or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.



REQUEST FOR LIVE SCAN SERVICE

Noncriminal Justice Applicant's Privacy Rights

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification¹ that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.²
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.³

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.⁴

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.) *You can find additional information on the FBI website at <https://www.fbi.gov/about-us/cjis/background-checks>.*

¹ Written notification includes electronic notification, but excludes oral notification

² <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

³ See 28 CFR 50.12(b)

⁴ See U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c)