



Application Checklist for Hearing Aid Dispensers *Trainee*

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

1. Application

- Please submit a 2x2 passport quality photograph.

2. Fees

- Please submit a check or money order to the Board in the amount of \$400.00, which covers the application fee (\$175) and written exam fee (\$225), made payable to SLPAHADB.

3. Fingerprints – DOJ and FBI clearances must be received prior to issuance of a license.

- **California** applicants are required to use Live Scan for fingerprinting; please submit a copy of the completed 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).
 - For out-of-state applicants, one (1) check or money order in the amount of \$449 (\$400 application and written exam fee and \$49 fingerprint card processing fees) may be submitted. Please make check or money order payable to SLPAHADB.

4. High School Diploma

- Please submit a copy of your high school diploma, GED, or higher education diploma with your application.

5. Government Issued ID verifying a minimum of 18 years of age

- Please submit a copy of a Driver's License, Passport, ID card, etc.

PLEASE NOTE: All of the above items must be submitted at the same time. Incomplete application packets will be returned.



HEARING AID DISPENSER TEMPORARY LICENSE APPLICATION TRAINEE WITH SUPERVISION \$400.00 (Application Fee and Written Exam Fee)

INSTRUCTIONS: Do not print this application double-sided. Any corrections to this form must be crossed out and initialed. Please do not use any white out or correction tape on this application.

PART A – Applicant Information

| | | | | |
|---|--|------|--------------------------------|--------|
| 1. FULL LEGAL NAME: | | LAST | FIRST | MIDDLE |
| 2. OTHER NAMES YOU HAVE USED (INCLUDING MAIDEN): | | | | |
| 3. STREET ADDRESS | | CITY | STATE | ZIP |
| 4. RESIDENCE TELEPHONE: | | | | |
| 5. SOCIAL SECURITY NUMBER (SSN) OR INDIVIDUAL TAX IDENTIFICATION NUMBER (ITIN): | | | 6. DATE OF BIRTH: (MM/DD/YYYY) | |
| 7. EMAIL ADDRESS: | | | | |
| 8. ARE YOU, A SPOUSE, OR DOMESTIC PARTNER OF AN ACTIVE DUTY MILITARY PERSONNEL? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, you may qualify for expedited application processing and waiver of the associated application fee. An applicant for expedited application processing and fee waiver must meet the following requirements: 1) provide evidence that the applicant is 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 orders and; 2) hold a current license in another state, district, or territory of the United States in hearing aid dispensing. | | | | |
| 9. ARE YOU AN HONORABLY DISCHARGED VETERAN OF THE ARMED FORCES? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, you may qualify for expedited application processing. An applicant for expedited application processing must meet the following requirement: 1) supply satisfactory evidence to the Board that the applicant has served as an active duty member of the Armed Forces of the United States and was honorably discharged. | | | | |
| 10. BUSINESS AND PROFESSIONS CODE SECTION 135.4 PROVIDES THAT THE BOARD MUST EXPEDITE, AND MAY ASSIST, THE INITIAL LICENSURE PROCESS FOR CERTAIN APPLICANTS DESCRIBED BELOW. Do any of the following statements apply to you? YES <input type="checkbox"/> NO <input type="checkbox"/> <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; or, • 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. If you selected yes, you must attach evidence of your status as a refugee, asylee, or special immigrant visa holder. Failure to do so may result in application review delays. | | | | |

**ATTACH 2" X 2"
 PASSPORT QUALITY
 PHOTOGRAPH HERE.**

MUST BE AN ACTUAL PHOTOGRAPH,
 NOT A PAPER COPY.

PHOTOGRAPHS MUST BE TAKEN
 WITHIN 60 DAYS OF THE FILING DATE
 OF THIS APPLICATION

PRINT YOUR FULL NAME ON THE
 BACK OF THE PHOTOGRAPH

PART A – Continued

A YES answer to any of the questions below (11 through 14), requires you to complete and submit the Discipline Reporting Form.

| | YES | NO |
|--|--------------------------|--------------------------|
| 11. 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? 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"/> |
| 12. Have you had any pending investigations by any State or Federal agencies against you? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Have you been denied a license to practice speech-language pathology, audiology, hearing aid dispensing, or other healing arts, in any state or country? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. 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 – Declaration of Education (Provide a Copy of Qualifying High School Diploma, GED or College Diploma)

| | | |
|-----------------------------------|------------------------------------|-----------------|
| 15. NAME OF HIGH SCHOOL ATTENDED: | YEAR GRADUATED OR YEAR PASSED GED: | |
| 16. NAME OF COLLEGE ATTENDED: | YEAR GRADUATED OR UNITS COMPLETED: | DEGREE AWARDED: |

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 is maintained by the Executive Officer of the Speech-Language Pathology, Audiology, and Hearing Aid Dispensers Board, 1601 Response Road, Suite 260, Sacramento, CA 95815, 916-287-7915. Information provided may be transferred to other governmental and enforcement agencies as may be 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 BPC sections 30 and 31. 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 Section 329 of the Unemployment Insurance Code, for compliance with any judgment or order for family support in accordance with section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination board. If you fail to disclose your social security number, you may be reported to the Franchise Tax Board (FTB) and be assessed a penalty of \$100. Pursuant to Business and Professions Code section 31(e), the State Board of Equalization and the Franchise Tax Board may share taxpayer information with the Board if a registrant does not pay his or her state tax obligation, the registration may be suspended.

Notice: Effective July 1, 2012, the State Board of Equalization and the Franchise Tax Board may share taxpayer information with the Board. You are obligated to pay your state tax obligation and your license may be suspended if your tax obligation is not paid.

PART C – To be Completed by the Hearing Aid Dispenser Temporary Trainee Supervisor
Refer to Title 16, California Code of Regulations, Section 1399.118 for supervisor's responsibilities.

| | | | |
|------------------------------------|------|-------|--------|
| 17. FULL LEGAL NAME OF SUPERVISOR: | LAST | FIRST | MIDDLE |
| 18. STREET ADDRESS: | | | |
| CITY, STATE, ZIP CODE: | | | |
| 19. LICENSE NUMBER: | | | |
| 20. BUSINESS TELEPHONE: | | | |
| 21. EMAIL ADDRESS: | | | |
| 22. BUSINESS NAME | | | |
| 23. BUSINESS ADDRESS | | | |
| CITY, STATE, ZIP CODE | | | |

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: _____

PLEASE NOTE:

- This license is issued for six (6) months and can only be renewed two additional times.
- You must take the written exam within the first ten (10) months of issuance of license.
- Your supervisor is required to have been licensed for at least three (3) years in California in order to supervise.

HEARING AID DISPENSER TEMPORARY TRAINEE LICENSE

✦Duties and Responsibilities of Hearing Aid Dispenser Trainee✦

Hearing Aid Trainee applicants and the applicant's supervisor must read and sign this form under the penalty of perjury. Please submit with the completed Hearing Aid Dispenser Temporary Trainee Application.

- 1) I have read and understand the excerpts of the laws and regulations, included with my application, pertaining to the responsibilities of a Hearing Aid Dispenser Temporary Trainee license 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 professional experience, I will immediately notify the board. *A supervisor's license may be verified at any time at the Board's website.*

APPLICANT'S SIGNATURE

APPLICANT'S PRINTED LEGAL NAME

DATE

✦Duties and Responsibilities of Hearing Aid Dispenser Trainee Supervisor✦

- 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 139.119(d).
- 9) I will assure that my trainee will take the written exam within twelve (12) 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

PRINTED NAME OF SUPERVISOR

DATE

LICENSE NUMBER



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A0431

ORI (Code assigned by DOJ)

Hearing Aid Dispenser

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

1601 Response Road, Suite 260

Street Address or P.O. Box

Sacramento

City

CA

State

95815

ZIP Code

License

Authorized Applicant Type

05634

Mail Code (five-digit code assigned by DOJ)

N/A

Contact Name (mandatory for all school submissions)

Contact Telephone Number

Applicant Information:

Last Name

Other Name: (AKA or Alias)

Last Name

Sex Male Female

Date of Birth

Height

Weight

Eye Color

Hair Color

Place of Birth (State or Country)

Social Security Number

Home

Address Street Address or P.O. Box

First Name

Middle Initial

Suffix

First Name

Suffix

Driver's License Number

Billing
Number

(Agency Billing Number)

Misc.
Number

Applicant Must Pay At Site

(Other Identification Number)

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: 6700 HA

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)