



**Application Checklist for Continuing Education
Course Approval for
*Hearing Aid Dispensers & Dispensing Audiologists***

1. Application for Continuing Education Course Approval

- Applications must be received 45 days prior to the first offering of the course.

2. Application Fees

- Check or Money Order for \$50 made payable to SLPAHADB.
- If course contains multiple subjects, each subject is \$50.

3. Questionnaire

- Please attach a copy of evaluation form or testing instrument (questionnaire)

4. Instructor

- Please attach a resume or curriculum vitae for each instructor

Course Provider Guidelines

- Application and non-refundable fee must be received at least 45 days prior to the date of the first offering.
- Goals and objectives must be included on the provider application.
- A detailed outline of the course must be included. One paragraph descriptions for each topic to be presented, specific times for each section of the course and the instructor/presenter for each subject.
- Course enrollment must be open to any hearing aid dispenser or dispensing audiologist.
- The Board does not require you to submit the attendance list. Please maintain records for a minimum of four years for auditing purposes.
- Per Section 1399.141 of the Regulations Relating to the Practice of Hearing Aid Dispensing, course content must be related to current practices related to the fitting of hearing aids for aiding or compensating for impaired human hearing or ethics (including the ethics of advertising and marketing) or business practices and must be at a level above the basic knowledge required for licensure.



CONTINUING EDUCATION COURSE APPROVAL APPLICATION FOR HEARING AID DISPENSERS & DISPENSING AUDIOLOGISTS

If the course contains multiple subjects, the \$50 fee is applicable for each subject.

1. PROVIDER NAME				
2. STREET ADDRESS				
CITY, STATE, ZIP CODE::				
3. CONTACT PERSON:	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">LAST</td> <td style="width: 33%; border: none;">FIRST</td> <td style="width: 33%; border: none;">MIDDLE</td> </tr> </table>	LAST	FIRST	MIDDLE
LAST	FIRST	MIDDLE		
4. EMAIL ADDRESS				
5. BUSINESS TELEPHONE NUMBER				
6. COURSE TITLE	7. NUMBER OF CE HOURS			
8. COURSE DATES	9. COURSE LOCATION			
10. METHOD OF INSTRUCTION: <i>LECTURE, VIDEO, TAPE, CORRESPONDENCE</i>				
11. GOALS AND OBJECTIVES OF COURSE				
12. COURSE DESCRIPTION/SUBJECT CONTENT – <i>MUST INCLUDE A DETAILED DESCRIPTION AND SPECIFIC TIME SCHEDULES (INCLUDE BREAK TIMES IF APPLICABLE).</i>				

13. NAME OF INSTRUCTORS – *MUST ATTACH A RESUME OR CURRICULUM VITAE FOR EACH INSTRUCTOR*

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

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.

PROVIDER CONTACT NAME (PRINTED)

DATE

SIGNATURE