



# TERMINATION OF SUPERVISION FOR HEARING AID DISPENSER TRAINEE

Division 13.4 of Title 16, California Code of Regulations Section 1399.118 (1) and 1399.118 (2) states that a supervisor shall be responsible for providing supervision until whichever the following occurs:

1. The trainee obtains a permanent license.
2. The supervisor gives written notification to the Board that they are terminating supervision and training.

**PART A – Hearing Aid Dispenser Trainee (Please Print)**

1. FULL LEGAL NAME:	LAST	FIRST	MIDDLE
2. HEARING AID DISPENSER TEMPORARY TRAINEE LICENSE NUMBER			

**PART B – Supervisor Information (Please Print)**

1. FULL LEGAL NAME:	LAST	FIRST	MIDDLE
2. HEARING AID DISPENSER LICENSE NUMBER			
3. BUSINESS ADDRESS:			
CITY, STATE, ZIP CODE:			
4. BUSINESS TELEPHONE:			
5. EMAIL ADDRESS:			

I, \_\_\_\_\_ Print Supervisor Name \_\_\_\_\_ am terminating the supervision of  
 \_\_\_\_\_ Print Trainee Name \_\_\_\_\_ effective as of \_\_\_\_\_ Effective Date

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.

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Signature of Supervisor \_\_\_\_\_ Printed Name of Supervisor \_\_\_\_\_ Date \_\_\_\_\_

**THE BOARD REQUIRES ORIGINAL SIGANTURES  
 PLEASE DO NOT FAX THIS FORM**