STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY& HEARING AID DISPENSERS BOARD
2005 EVERGREEN STREET, SUITE 2100, SACRAMENTO, CA 95815
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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.

_____

Signature of Supervisor | Printed Name of Supervisor | Date

THE BOARD REQUIRES ORIGINAL SIGANTURES
PLEASE DO <u>NOT</u> FAX THIS FORM