

**APPLICATION FOR REGISTRATION AS  
SCHOOL AUDIOMETRIST**

PLEASE PRINT OR TYPE

DO NOT WRITE IN THIS SPACE	
Certificate number	Date granted
<input type="checkbox"/> Accepted  <input type="checkbox"/> Not accepted	Reviewed by

Last name	First name	Middle Initial
Mailing address	City	State ZIP code
Daytime phone	Email address	

**EDUCATIONAL BACKGROUND  
OR  
APPROVED COURSES COMPLETED IN AUDIOLOGY AND AUDIOMETRY**

Name of College or University	Course Number	Course Title(s)	Number of Units	Date Complete

APPLICANT'S SIGNATURE:  X	Date:
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## INSTRUCTIONS

Personnel employed to conduct hearing tests in the schools of California, e.g., SCHOOL AUDIOMETRISTS, as defined in Section 44879 of the Education Code, or qualified SUPERVISORS OF HEALTH, pursuant to Sections 49420 and 49452 of the Education Code, shall be REGISTERED AS SCHOOL AUDIOMETRISTS. Training requirements are prescribed by Section 2950, California Code of Regulations.

Applicants for REGISTRATION AS SCHOOL AUDIOMETRISTS shall mail the following:

- Completed, PM 101 Application
- Official or a copy of a Transcript of Record (or official grade cards) verifying satisfactory completion of required training in audiology and audiometry
- A registration fee of \$10 needs to be submitted as a cashier's check, payable to the California Department of Health Care Services.

Integrated Systems of Care Division  
Provider Enrollment Unit  
1501 Capitol Ave., MS 4502  
P.O. Box 997437  
Sacramento, CA 95899-7437

If you have any further questions, you may email us at [providerpaneling@dhcs.ca.gov](mailto:providerpaneling@dhcs.ca.gov) or call (916) 552-9105, option 5, and then option 2.