

Return to: California Department of Health Care Services
Systems of Care Division
Hearing Conservation Program
MS 8103
P.O. Box 997413
Sacramento, CA 95899-7413
Attention: Health Program Specialist

FOR DEPARTMENT USE	
Registration accepted <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date	Initials

REGISTRATION OF AGENCY INTENDING TO PROVIDE HEARING TESTING SERVICES

Pursuant to Section 49452, California Education Code, the current Guidelines for Authorization by the County Superintendent(s) of Schools and the current hearing testing standards, as prescribed by Section 2951, California Code of Regulations, Title 17 (Health), we submit herewith, for acceptance and registration the following description of our services, facilities, and personnel.

Name of agency or private provider			
Address	City	ZIP code	County
Telephone Number	Email Address	Date	
Director's name	Degree	<input type="checkbox"/> Licensed physician <input type="checkbox"/> California Credential—Speech/Hearing <input type="checkbox"/> Licensed audiologist <input type="checkbox"/> California Credential—School Nurse	

Description of testing services, facilities, special equipment:

All hearing testing services shall meet or exceed the standards prescribed by the California Code of Regulations, Title 17, Section 2951.

THE FOLLOWING PERSONNEL WILL CONDUCT TESTING SERVICES		QUALIFICATIONS		
NAME	ADDRESS	Number Licensed Audiologist	Number School Audiometrist	Number Speech/Hearing Specialist

CHANGES IN PERSONNEL WILL BE REPORTED TO THE DEPARTMENT WITHIN TEN DAYS.

Director's signature	Degree	Title	Date
----------------------	--------	-------	------