				DO NOT WRITE IN THIS SPACE			
APPLICATION FOR REGISTRATION AS SCHOOL AUDIOMETRIST			Certificate number			Date granted	
			Approved			Reviewed by	
PLEASE PRINT OR TYPE		Not Approved			ed		
_ast name	First name			Middle Initial			
Mailing address	City	City			ZIP code		
Daytime phone	Email address						
APPROVED COURSE	S COMPLET	AL BACKGRO OR FED IN AUDIO		1		TRY Date	
Name of College or University	Course Number	Course 7	Γitle(s)	Num of Ur		Completed	
APPLICANT'S SIGNATURE				DAT	E		

REQUIREMENTS

Audiometrists employed to conduct hearing tests in California schools 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 described in Section 2950, California Code of Regulations.

Applicants applying for registration as school Audiometrists shall mail the following:

- Completed, PM 101 (08/18) Application
- An official copy of a transcript verifying satisfactory completion of required training in audiology and audiometry. A certificate of completion verifying satisfactory training in audiology and audiometry will be accepted in lieu of a transcript.
- A \$10 registration fee is required at the time of submission in the form of a cashier's check, money order or personal 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 further questions, you may contact usat providerpaneling@dhcs.ca.gov or call (916) 552-9105, option 5, and then option 2.

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