DO NOT WRITE IN THIS SPACE

APPLICATION FOR REGISTRATION AS SCHOOL AUDIOMETRIST				Certificate number		
				Approved		
PLEASE PRINT OR TYPE		Not Approved				
Last name		First name			Middle Initial	
Mailing address	City State			State	ZIP code	
Daytime phone	Email address					
APPROVED COURSES Name of College or University	COMPLETE Course	L BACKGROU OR D IN AUDIOLO	OGY AND	Numl	ber	Date
Name of College or University	Course Number	Course 1	Γitle(s)	Numl of Ur		Date ompleted
APPLICANT'S SIGNATURE				DAT	F	
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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 and Enrollment Unit 1501 Capitol Ave., MS 4502 P.O. Box 997437 Sacramento, CA 95899-7437

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

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