

APPLICATION FOR REGISTRATION AS SCHOOL AUDIOMETRIST

PLEASE PRINT OR TYPE

DO NOT WRITE IN THIS SPACE	
Certificate number	Date granted
Accepted	Reviewed by
Not accepted	

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 Completed

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 or call (916) 552-9105, option 5, and then option 2.