

APPLICATION FOR AUTHORIZATION AS AN OUTSIDE AGENCY TO CONTRACT TO CONDUCT SCOLIOSIS SCREENING IN THE PUBLIC SCHOOLS OF ORANGE COUNTY (Must be completed annually prior to September)

Name of Agency of Comp	oany:					
Address:						
County:	Telephone: ()					
CREDENTIAI		REQUIREMENTS FOR PER CATES MUST BE ON FILE IN				
Director of the Agency:	(Last Name)		(Middle Initial)			
Address:	(Last Name)	(First Name)	(Middle Initial)			

TESTING PERSONNEL WHO WILL CONDUCT SCOLIOSIS SCREEENING IN SCHOOLS:

List all personnel who will conduct scoliosis screenings and who possess a credential and are qualified to perform these screenings in accordance with California Education Code 494562.5.

Name			For OCDE Use Only - Verified	
	Social Security Number / Bir	thdate	Date	Initials