

BOARD OF HEARING AID SPECIALISTS

SPONSOR REGISTRATION FORM

Check here only if this is a Change of Sponsor (Trainee AT No. _____ required for change.)

- Complete **all** sections of this form.
- When changing to a different sponsor, mail/fax (850) 921-5389 the completed form with verification of sponsor's National Board Certification in Hearing Instrument Sciences PRIOR to beginning work under the new sponsor. You will not receive credit for hours worked until the Board has received this form and approves your new sponsor.
- Read Rule Chapter 64B6-8, Florida Administrative Code
- Please print clearly or type all information.

Trainee Name

Date of Birth

Sponsor Name

License Number

Business Name

Training Site Address

Suite Number

Business Phone

City

State

Zip

Fax Number

Designee Name (If applicable)

License Number

E-mail Address

LIST NAMES OF OTHER TRAINEES CURRENTLY UNDER YOUR SUPERVISION:

I declare that I have an active Florida license and have been actively practicing under this license for at least two consecutive years immediately prior to this sponsorship; I have not been disciplined by the Board of Hearing Aid Specialists during the past four years; and I understand my responsibilities and the limitation of being a sponsor for a Training Program, pursuant to 484, Part II, F.S. and Chapter 64B6, F.A.C. In addition, I state that I now and will in the future notify the Board of Hearing Aid Specialists upon my designation of another licensed hearing aid specialist to assist in this Training Program; will notify the Board upon training being conducted at a location other than that identified above; and upon Trainee's completion of the program or termination of my sponsorship.

I declare that all statements made herein and herewith are true and correct and certify that I have enclosed proof of National Certification.

SPONSOR SIGNATURE

DATE

DESIGNEE SIGNATURE (If applicable)

DATE