

Professional Certification Form

Instructions:

To order a free CaptionCall phone for your qualified patients/clients, simply complete this certification form and fax to 1-888-778-5838 or email to certification@captioncall.com or mail to CaptionCall Certification, 4215 South Riverboat Rd., Salt Lake City, UT 84123.

For assistance with the order process, call 1-877-557-2227. Once the form is submitted, a CaptionCall representative will contact the individual with hearing loss to schedule the delivery and installation of a free CaptionCall phone.

Patient Information

Patient's Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Healthcare Provider Information

Business/Practice Name: _____ Promo Code: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Profession (check applicable answer):

- Audiology (AuD) Ear, Nose and Throat (ENT) Family Physician General Practice
 Geriatrician Gerontologist Hearing Instrument Specialist (HIS) Internal Medicine
 Otolaryngology Pediatrics Nurse Practitioner (NP) Physician's Assistant (PA)

Certification

I certify, under penalty of perjury, that I am a hearing-care or healthcare professional and am qualified to diagnose hearing loss. I have determined that the patient referenced above has a hearing loss that makes it difficult to communicate effectively by telephone, and requires the use of captioned telephone service. The patient understands that the captioning service is provided by a live Communications Assistant and that this service is funded through a federal program for the hearing impaired.

Professional's Name: _____ Title: _____

Professional's Signature: _____ Date: _____