

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 251-3036
Phone #: (608) 266-2112

Ship To: 4822 Madison Yards Way
Madison, WI 53705
E-Mail: dps@wisconsin.gov
Website: <http://dps.wi.gov>

HEARING AND SPEECH EXAMINING BOARD

APPLICATION FOR HEARING INSTRUMENT SPECIALIST TEMPORARY TRAINEE PERMIT

APPLICANT: Complete this section and submit directly to your supervisor for completion.

Last Name	First Name	MI	Former / Maiden Name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I hereby make application for a temporary trainee permit to sell or fit hearing aids in the following location:

Agency/Department/Employer:

Name of Physical Work Location:

Address of Physical Work Location:
(number, street, city, zip code)

Daytime Phone Number: - -

I understand that this trainee permit may entitle me to practice fitting of hearing aids for a period of one (1) year.

I would like to be scheduled to write the Hearing Instrument Specialist examination on: / /

SUPERVISOR: Complete this section and submit directly to DSPS. Supervisor may mail to the address above or fax or email with facility cover sheet or cover letter to: (608) 251-3036 or DSpscHearingSpeech@wisconsin.gov.

AFFIDAVIT: I request that a temporary trainee permit to sell or fit hearing aids be issued to the above-named individual for practice in the above listed establishment and location. I certify that I hold a valid license to sell or fit hearing aids, that I shall be responsible for his/her direct supervision and training, being physically present as the law requires and that I shall be liable for all negligent acts and omissions of the applicant in the fitting of hearing aids. I understand that the trainee permit will be revoked by the Board upon receipt of my signed statement that I wish to cease supervising such trainee.

Signature of Supervisor (Print and Sign Form)

Printed Name of Supervisor

/ /

Date

Title of Supervisor

WI License #:

APPLICATION FEES: Please check applicable box. Make check payable to DSPS and attach to this application.

Temporary Trainee Permit Fee \$10.00

For Receiving Use Only (60)