

Vermont Secretary of State
Office of Professional Regulation
National Life Building, North FL 2
Montpelier VT 05620-3402



Hearing Aid Dispenser
(802) 828-1505
www.vtprofessionals.org

TEMPORARY

Hearing Aid Dispenser

Verification of Employment and Supervision.

This is to verify that _____ will begin working for me as a

(Name of Temp)

Hearing Aid Dispenser Intern on _____. (Date)

Name of supervisor: _____

Name of Business: _____

Business Location: _____

Telephone Number: _____ Supervisors License # _____

STATEMENT OF SUPERVISING HEARING AID DISPENSER

I hereby certify that the above statements are true and accurate to the best of my knowledge and I do hereby acknowledge that I am legally liable for any activities performed by the above named intern.

(b) A temporary license allows a person to practice as a hearing aid dispenser while directly supervised by a hearing aid dispenser licensed under section 3295 of this title until he or she takes the next examination provided by the director and a determination is made of his or her qualifications to practice in this state. The supervising hearing aid dispenser shall personally observe the temporary licensee while conducting and interpreting hearing tests and making earmolds or impressions, for a period of two months following issuance of a license under this section or until the license expires, whichever occurs first.

Signature of Supervisor

Date

Vermont Board of Chiropractic Intern, Office of Professional Regulation
National Life Bldg, North FL2, Montpelier, Vermont 05620-3402