Complete forms must be submitted by the sponsor through email at MQA.HearingAid@flhealth.gov, fax at (850) 413-6982, or mail at:

Board of Hearing Aid Specialists

4052 Bald Cypress Way Bin C-08 Tallahassee, FL 32399-3257

1. TRAINEE INFORMATION

Board of Hearing Aid Specialists Training Program Continuation Request



MM/DD/YYYY

In accordance with Rule 64B6-8.003, Florida Administrative Code (F.A.C.), a trainee who fails the licensure examination must immediately stop functioning as a trainee upon receipt of the examination results. However, a trainee may continue one time in Stage IV of the training program by submitting a Training Program Continuation Request to the board within 10 days of receiving the examination results.

Trainee Name:		Trainee AT #:(Required)			
,		(Required)			
Address: Street	City		State	ZIP	
Has your sponsor changed? Yes No	,				
Sponsor Name:		Sponsor Lice	nse #:		
Designee Name:(if applicable)		Designee Lic	ense #:		
Business Name:					
Business Telephone:	Business Fax:				
Training Site Address:Street		City	State	ZIP	
I state my understanding that failure to sit for or receive a part which I am qualified will result in termination of trainee status seven days of the posting of the examination results.					
Trainee Signature:			Date:	I/DD/YYYY	
2. SUPERVISOR AFFIRMATION					
Sponsor Signature:			Date: 	/IM/DD/YYYY	
Designee Signature:			Date:		

Rule 64B6-8.002, F.A.C., requires sponsors and designees to be board-certified by the National Board for Certification in Hearing Instrument Sciences.