Complete forms must be submitted by the sponsor to info@floridashearingaidspecialists.gov or mailed to:

Board *of* Hearing Aid Specialists
4052 Bald Cypress Way Bin C-08
Tallahassee, FL 32399-3257

Board *of* Hearing Aid Specialists
Sponsor Registration Form

- To be completed and submitted by the new sponsor before the trainee begins work under new sponsorship.
- The trainee will not receive credit for hours worked under the new sponsor until the board has received this form, NBCHIS verification, and approved the sponsor.
- Refer to Rule 64B6-8, Florida Administrative Code (F.A.C.).

Is this a Change of Sponsor? ☐ Yes ☐ No

If "Yes," provide the Trainee's AT #: _____

Trainee Name: _____ Trainee Date of Birth: _____
MM/DD/YYYY

Sponsor Name: _____ Sponsor License #: _____

Designee Name: _____ Designee License #: _____
(if applicable)

Business Name: _____

Business Telephone: _____

Training Site Address: _____
Street and Number City State ZIP

List names of any additional trainees currently under your supervision:

Sponsors may have a maximum of three trainees.

1. _____ 2. _____

I, the undersigned, affirm 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 within the past four years; and I understand my responsibilities and the limitation of being a sponsor for a Training Program, pursuant to chapter 484, Part II, Florida Statutes, and Rule 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 affirm that all statements made above are true and correct and that I have enclosed proof of National Certification.

Sponsor Signature: _____ Date: _____
MM/DD/YYYY

Designee Signature: _____ Date: _____
(if applicable) MM/DD/YYYY