

Dispenser: Please Complete the Appropriate Section Below

(SECTION I)

Certification of SIX (6)* Months of Training in Hearing Aid Dispensing

Name of Hearing Aid Dispenser Business

Dispenser's Registration Number

This certifies that, _____, has satisfactorily
(Print Trainee's Name)
completed (6) months of hearing aid dispenser training in accordance with General
Business Law, Article 37-A. The six months of training was completed on _____.

Dispenser's Signature

* Dispenser: Please initial here [_____] if trainee completed *three* months of hearing aid dispenser training and completed 155 hours of Theory in the course of instruction with an approved educational provider or received DOS equivalency educational credit.

(SECTION II)

Certification of TWELVE (12)* Months of Training in Hearing Aid Dispensing

Name of Hearing Aid Dispenser Business

Dispenser's Registration Number

This certifies that, _____, has satisfactorily
(Print Trainee's Name)
completed (12) months of hearing aid dispenser training in accordance with General
Business Law, Article 37-A. The twelve months of training was completed on _____.

Dispenser's Signature

* Dispenser: Please initial here [_____] if trainee completed *nine* months of hearing aid dispenser training and completed 155 hours of Theory in the course of instruction with an approved educational provider or received DOS equivalency educational credit.

REGISTERED HEARING AID DISPENSERS ONLY

Please indicate your business name and registration number below:

Business Name: _____

Registration Number: _____

APPROVED HEARING AID DISPENSER SCHOOLS ONLY

Please indicate your school name and course code number below:

School Name: _____

Course Code Number: H- _____

CERTIFICATION OF SATISFACTORY COURSE COMPLETION

This certifies that _____, has satisfactory completed (_____) Theory Hours,
(_____) Practical Hours,
(Print Student's Name)

of study approved by the Secretary of State in accordance with the provisions of the General Business Law, Article 37-A.
The attendance of the student was in compliance with the law. The course was completed on _____.

Dispenser/Coordinator Signature

Print Name

Date