



STEP 2: HEARING AID DISPENSER TRAINEE (HAT) ADDITIONAL 5 MONTHS OF TRAINING

SECTION 1: To be completed by the HAT.

DATE:

SPONSOR'S NAME:

APPLICANT'S NAME:

SECTION 2: To be completed by the sponsor, and then returned to the applicant to upload into their on-line profile. HAT's must complete five months of additional full time work after completing the 320 hours..

LAST NAME:

FIRST NAME:

MIDDLE
INITIAL:

ADDRESS:

CITY:

STATE:

ZIP CODE:

LICENSE TYPE:

LICENSE NUMBER:

STATE:

ISSUE DATE:

LOCATION OF SUPERVISED HOURS:

STARTING DATE FOR STEP 2:

COMPLETION DATE FOR STEP 2:

SECTION 3: SPONSOR VERIFICATION & AFFIDAVIT

1. All activities during this 5 month period have been reviewed and approved by me, and all sales receipts have evidence that I approved of the sales made by the trainee.
2. I declare by penalty of perjury under the laws of the state of New Mexico that the information above is true and correct.
3. The undersigned, being duly sworn, upon their oath deposes and says that they are the person making the foregoing statements and that they are made in good faith and are true in every respect. By executing this application form, the undersigned also acknowledges that the supervisee received the above supervision. **I certify that all of the statements made in this form are true, complete, and correct to the best of my knowledge and my belief and are made in good faith.**

Sponsor's Signature _____ Date _____

