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

Board *of* Hearing Aid Specialists
Sponsor Registration Form

- To be completed and submitted by the new sponsor <u>before</u> 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

<u>List names of any additional trainees currently under your supervision:</u>

Sponsors may have a maximum of three trainees.

1. _____   2. _____

I, the undersigned, state 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 limitations 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

DH-MQA 1158, Revised 7/2023, Rule 64B6-8.002, F.A.C.