



STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
CHANGE OF SUPERVISION

BOARD OF EXAMINERS FOR HEARING INSTRUMENT SPECIALISTS

FOR OFFICIAL USE ONLY	
DATE RECEIVED	NUMBER

- All sections must be completed. Additional information may be attached on a separate sheet of paper. This form must be type-written or printed in black ink.**
- Return completed applications and fee to:
 Board of Examiners for Hearing Instrument Specialists
 Post Office Box 1335
 Jefferson City, MO 65102
 Telephone: (573) 751-0240 FAX: (573) 526-3856 TTY: (800) 735-2966
- Fee for Change in Supervision is \$25.00.

APPLICANT DATA

1. NAME (LAST, FIRST, MIDDLE INITIAL, SUFFIX, MAIDEN NAME)	2. TELEPHONE (DAYTIME NO.)
3. ADDRESS (STREET AND BOX NO., IF APPLICABLE, CITY, STATE, ZIP)	

COMPANY NAME AND ADDRESS(ES) WHERE HEARING INSTRUMENT SPECIALIST-IN-TRAINING WILL PROVIDE SERVICE

7. COMPANY NAME	8. BUSINESS TELEPHONE
9. COMPANY ADDRESS (STREET AND BOX NO., IF APPLICABLE, CITY, STATE, ZIP)	
10. COMPANY NAME	11. BUSINESS TELEPHONE
12. COMPANY ADDRESS (STREET AND BOX NO., IF APPLICABLE, CITY, STATE, ZIP)	

SUPERVISOR DATA

13. SUPERVISOR'S NAME	14. DAYTIME TELEPHONE
15. ADDRESS (STREET AND BOX NO., IF APPLICABLE, CITY, STATE, ZIP)	

STATEMENT OF APPLICANT

I hereby affirm under penalties of perjury that I am the applicant named in this registration and that all statements and enclosures herein are true and accurate to the best of my knowledge, information and belief.

APPLICANT'S SIGNATURE	DATE
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STATEMENT OF SUPERVISOR

I have reviewed this proposal for supervised professional experience and accept full professional responsibility for the work this applicant will be performing under my supervision. This work will be performed pursuant to my order, control, oversight and guidance. I agree to sign off on all purchase agreements and audiograms. If I am unable to complete this supervision arrangement I will advise the Board of Examiners for Hearing Instrument Specialists.

I hereby affirm under penalties of perjury that I am the supervisor named in this registration and that all the statements and enclosures herein are true and accurate to the best of my knowledge, information and belief.

REGISTERED SUPERVISOR'S SIGNATURE	DATE
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