



STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
ATTESTATION OF SUPERVISED EXPERIENCE

BOARD OF EXAMINERS FOR
 HEARING INSTRUMENT SPECIALISTS

APPLICANT: Complete items 1-7 and forward the form to your registered supervisor. **This form must be typewritten or printed in black ink.** Additional forms may be requested through the central office or you may duplicate this form.

SUPERVISOR: Return completed form to:
 Board of Examiners for Hearing Instrument Specialists
 3605 Missouri Boulevard
 Post Office Box 1335
 Jefferson City, Missouri 65102-1335
 Telephone: (573) 751-0240 FAX: (573) 526-3856 TDD: (800) 735-2966

APPLICANT DATA - Hearing Instrument Specialist in Training

1. NAME (LAST, FIRST, MIDDLE INITIAL, SUFFIX, MAIDEN NAME)		
2. ADDRESS (STREET AND BOX NO. IF APPLICABLE, CITY, STATE, ZIP)		
3. HIGHEST EDUCATION COMPLETED	4. DATE OF GRADUATION (SEE #3)	5. TELEPHONE (DAYTIME NUMBER)
6. APPLICANT'S SIGNATURE		7. DATE

Registered Supervisor: Complete items below and return original (not a photocopy) of this attestation as soon as possible to the Board of Examiners for Hearing Instrument Specialists. **DO NOT RETURN THIS FORM TO THE APPLICANT.** It is important that you verify all time worked under your supervision.

8. REGISTERED SUPERVISORS NAME (LAST, FIRST, MIDDLE, MAIDEN)	9. TELEPHONE (DAYTIME NUMBER)
10. CURRENT OFFICE ADDRESS (STREET AND BOX NO. IF APPLICABLE, CITY, STATE, ZIP)	

11. List places where the applicant engaged in professional practice under your supervision

AGENCY/FACILITIES	ADDRESS (STREET, CITY, STATE, ZIP)	DATE (MO-YEAR TO MO-YEAR)
A.		
B.		
C.		

12. APPLICANT'S TITLE

13. DESCRIBE BRIEFLY THE NATURE OF THE SUPERVISORY SETTING(S) WHERE SUPERVISION TOOK PLACE.

