

FORM HA5

Maryland Department of Health
**Board of Examiners for Audiologists, Hearing Aid Dispensers,
Speech-Language Pathologists and Music Therapists**
4201 Patterson Avenue
Baltimore, Maryland 21215-2299
Phone 410-764-4725 * Fax 410-358-0273 * TTY/ Maryland Relay Service 1-800-735-2258

Verification of Completion of Required Clinical Hours

The limited licensee must submit the Form HA5 to the Board when the licensee has completed the required 6 months of clinical training with 20 consecutive days engaging in the practice of fitting and dispensing hearing aids while under at least 20 hours per month of direct supervision.

Applicant (Please Type or Print)

Name: _____
Last First Middle/Maiden

Address: _____
Street Apt.#

City State Zip Code

Phone: _____ E-Mail: _____

Supervising Hearing Aid Dispenser

Name: _____
Last First Middle/Maiden

Address: _____
Facility or Company Name

Street Suite#

City State Zip Code

Phone#: _____ E-Mail: _____

I verify that, _____ a Hearing Aid Dispenser Limited
 Applicant under my supervision has completed 20 consecutive days engaging in the practice of fitting
 and dispensing hearing aids while under at least 20 hours per month of my direct supervision.

Week	From (mm/dd/yyyy)	To (mm/dd/yyyy)	Fitting & Dispensing Hours
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
			Grand Total Hours:

Signature of Supervisor: _____ Date: _____

Supervisor: (check one of the following)

Holds MD License in Hearing Aid Dispensing, License # _____

Holds Licensure in HAD in State of _____ License# _____