

**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 FOR DISABLED- MARYLAND RELAY SERVICE 1-800-735-2258**

**SPONSOR'S AFFIDAVIT**

The Annotated code of Maryland: Health Occupations Article, Title 2, Section 2-310 (b) and (c) and COMAR 10.41.08.06 (b) provides:

No Limited License shall be issued by the Board under this section unless the applicant shows to the satisfaction of the Board that he/she is or will be supervised and trained by a person who holds a valid Hearing Aid Dispenser's License issued under this subtitle.

The holder of a limited license shall engage in the practice of fitting and dispensing hearing aids for 20 consecutive days under the direct and continuous supervision of a licensee. The licensee shall provide direct supervision subsequently for a minimum of 20 hours per month for 6 months.

I do hereby affirm that I am the holder of a valid, unrevoked, unsuspended Hearing Aid Dispenser license issued by the Board of Examiners for Audiologists, Hearing Aid Dispensers Speech-Language Pathologists and Music Therapists of the State of Maryland, and that I have read the above excerpts and that I fully understand my responsibilities as sponsor for the applicant named \_\_\_\_\_ who will work under my supervision and for whose technical training and ethical conduct I am to be responsible.

I further affirm that I have read the application of the above named person and that to the best of my knowledge all answers are true and correct.

Name of Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Street                      City                      State                      Zip Code

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ MD. HAD Lic. #: \_\_\_\_\_

**The Certificate Must Be Displayed By The Sponsoring Hearing Aid Dispenser**