

This Section to be Completed by the Dispensing Hearing Aid Professional

CERTIFICATION AND DOCUMENTATION OF EQUIPMENT NEED

To the Provider: All Fields Must be Completed for Acceptance by DSDHH

- Based upon review of audiogram, I certify that, _____ (name of applicant) **does not meet certification requirements** as stipulated in the 2013 – 2015 Provider Contract and **IS NOT a good candidate** for better use of the telephone with the telecoil equipped hearing aid being offered.
- OR
- Based upon review of audiogram, I certify that, _____ (name of applicant) **meets the hearing loss certification requirements** as stipulated in the 2013 – 2015 Provider Contract and **IS a good candidate** for better use of the telephone with the telecoil equipped hearing aid being offered.

H.A. Manufacturer: _____

Model: _____

BTE Digital: ____ BTE Analog: ____ Other Style** _____

****Other Style of Hearing Aid: The applicant requires another style of hearing aid for one or more physical reasons as noted in the attached documentation letter (Provider must submit a detailed explanation on company letterhead describing the need of style change)**

Bilateral Hearing Loss ____Yes ____No

Better Ear Fit for Telephone Use: Right ____ Left ____

Ear Mold Type: Custom Occluded Style: (specify) _____

Non-Occluded Style (i.e. domes): (specify) _____

Pure Tone Average at 500 Hz, 1000 Hz, and 2000 Hz: Right Ear _____ Left Ear _____

Pure Tone Average at 2000 Hz, 4000 Hz, and 8000 Hz: Right Ear _____ Left Ear _____

(Audiograms must show evaluation results of both ears. Exceptions for single ear only evaluation must be explained on company letterhead and provided to the customer along with the audiogram and this form)

By signing below, I certify that I have assessed both ears of the applicant for hearing loss as documented on the attached audiogram and determined the applicant meets all hearing loss eligibility parameters established by DSDHH for this telecoil equipped hearing aid. I have further determined that the applicant needs this device for telephone use and is alert, sufficiently oriented and able to utilize and maintain a hearing aid properly and independently or with little assistance from another person.

Certifier's name (print clearly): _____ License # _____

Company name: _____

Street Address: _____

City _____ State _____ Zip Code _____

Certifier's Signature (required) _____ Date signed _____

Title _____ Phone# _____