



HEALTH LICENSING OFFICE

Advisory Council on Hearing Aids

1430 Tandem Ave. NE, Suite 180, Salem, OR, 97301

Phone: 503-378-8667 | Fax: 503-370-9004

www.healthoregon.org/hlo | Email: hlo.info@state.or.us

TEMPORARY LICENSEE DECLARATION OF RESPONSIBILITY

To be completed by the supervisor and submitted with the temporary license application

1. Designated Supervisor Information

SUPERVISOR'S NAME: (PLEASE PRINT)	SUPERVISOR'S CURRENT HAS LICENSE #
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BUSINESS NAME

BUSINESS ADDRESS

CITY	STATE	ZIP
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BUSINESS PHONE	BUSINESS FAX	BUSINESS EMAIL
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NAME OF TEMPORARY LICENSEE APPLICANT TO BE SUPERVISED

2. Supervisor – Read and Sign

Supervisor Qualifications:

- I attest that I hold a current Oregon hearing aid specialist license and have been actively practicing for at least three years with no current or pending disciplinary action, and with no fines, fees, or civil penalties owing to the agency.

As supervisor of the above named Temporary Hearing Aid Specialist License applicant, I agree to the following:

- The testing, fitting or selling of a hearing aid by the above named temporary hearing aid specialist shall be performed under my authority, control and indirect supervision as the designated supervisor. As the designated supervisor, I will review and approve the temporary hearing aid specialist's work before ordering the recommended hearing aid(s);
- As the designated supervisor I shall exercise management, guidance and control over the activities of the temporary hearing aid specialist; and shall exercise professional judgment and be responsible for all matters relative to the fitting and selling of a hearing aid;
- As the designated supervisor, approval of the temporary hearing aid specialist's work must be documented by my handwritten signature, license number, and date of review and placed adjacent to the temporary hearing aid specialist's signature on any audiogram, order form and office copy of a statement to a prospective hearing aid purchaser;
- As a licensed hearing aid specialist and designated hearing aid specialist temporary licensee supervisor in the State of Oregon, I agree to supervise the above named applicant and to perform all of the activities and duties for which I am responsible pursuant to Oregon Administrative Rule 331-630-0020: and
- I will notify the Health Licensing Office within five (5) days if the temporary licensee ceases for any reason to be under my supervision.

➡ Supervisor Signature:	Date:
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