



NMRLD

**NEW MEXICO
REGULATION &
LICENSING DEPARTMENT**

TRAINING PLAN FOR HEARING AID DISPENSER TRAINEE PERMIT

1. TO BE COMPLETED BY SPONSOR

SPONSOR'S NAME (LAST, FIRST):		
STREET ADDRESS:		
CITY:	STATE:	ZIP CODE:
SPONSOR'S LICENSE NUMBER:		
<p>PLEASE CHECK ONE OF THE FOLLOWING:</p> <p><input type="checkbox"/> PURSUANT TO 61-14B-1 TO 61-14B-25, NMSA 1978, I HEREBY CERTIFY THAT I HAVE BEEN A LICENSED AUDIOLOGIST FOR AT LEAST ONE YEAR UNDER THE SPEECH-LANGUAGE PATHOLOGY, AUDIOLOGY, AND HEARING AID DISPENSING PRACTICES ACT.</p> <p><input type="checkbox"/> PURSUANT TO 61-14B-1 TO 61-14B-25, NMSA 1978, I HEREBY CERTIFY THAT I HAVE BEEN ACTIVELY ENGAGED IN DISPENSING OR FITTING HEARING AIDS DURING THREE OF THE PAST FIVE YEARS, AND AM EMPLOYED FULL-TIME IN THE SAME ESTABLISHMENT WHERE THE TRAINEE IS EMPLOYED.</p>		

2. TRAINING PLAN:

A TRAINING PLAN MUST BE SUBMITTED WITH THIS APPLICATION. IT MUST BE IN WRITING AND SIGNED BY THE SPONSOR, INDICATING HOW SUPERVISION AND APPROVAL OF ALL ACTIVITIES OF THE TRAINEE WILL BE ACCOMPLISHED.		
NAME OF TRAINEE:		
BEGINNING DATE OF TRAINING:	ANTICIPATED DATE OF COMPLETION:	
ACTIVITIES TO BE CONDUCTED:	DATES (FROM-TO):	METHOD OF SUPERVISION:



ADDITIONAL TRAINING OTHER THAN SPONSOR:

NAME OF SCHOOL/AGENCY:	INSTRUCTOR'S NAME:	DATE:
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REFERENCES USED DURING TRAINING:

I AGREE TO PROVIDE TRAINING AND SUPERVISION DURING THE PERIOD OF THE TRAINING TO THE ABOVE NAMED TRAINEE, INCLUDING THE COORDINATION, DIRECTION, CONTINUED INSPECTION, AND EVALUATION OF ALL ACTIVITIES OF THE TRAINEE.

SIGNATURE OF SPONSOR

DATE

