Arizona Department of Health Services
Office of Special Licensing
150 North 18th Avenue, 4th Floor, Suite 460
Phoenix, Arizona 85007

TEMPORARY HEARING AID DISPENSER SPONSORSHIP AGREEMENT

HEARING AID DISPENSING SPONSOR INFORMATION:

SPONSOR NAME:	SPONSOR'S CONTACT PHONE NUMBER:
SPONSOR'S ARIZONA LICENSE NUMBER:	LICENSE EXPIRATION DATE:
BUSINESS NAME:	BUSINESS PHONE NUMBER:
DISPENSING BUSINESS ***PHYSICAL LOCATION*** STREET ADDRESS (COMPLETE A NEW COPY OF THIS FORM FOR EACH LOCATION):	
CITY: STATE:	ZIP CODE:

HEARING AID DISPENSING SPONSORSHIP LEGAL AGREEMENT:

I agree to directly train and supervise _____ under a sponsorship agreement. (INITIAL)_____
(TEMPORARY HAD NAME AND THAD LICENSE NUMBER - PLEASE PRINT)

I agree to provide a minimum of 64 hours per month of on-site training and supervision which includes coordinating, directing, watching, inspecting, and evaluating the applicant's fitting and dispensing activities. (INITIAL)_____

I will maintain a record signed by the applicant that details the date, time and content of the training I provided during this sponsorship. (INITIAL)_____

During this sponsorship period I will assume equal liability for the applicant's testing, fitting, and dispensing activities as required in A.R.S. § 36-1905. (INITIAL)_____

In the event this sponsorship is terminated, I will comply with the provisions of A.A.C. R9-16-304(3). (INITIAL)_____

I hold a valid Arizona Hearing Aid Dispenser license and I understand that I cannot sponsor more than two people at one time.
(INITIAL)_____

_____ _____
SPONSOR'S SIGNATURE DATE

_____ _____
APPLICANT'S SIGNATURE DATE

Please do not write in the box below, it's for ADHS use only ~ Thanks!

Dispensing Sponsorship Verified by :_____ Date Verified:_____

☐ Cross Verified Sponsor's License in ASPEN ☐ Verified Agreement with Sponsor via Phone / E-mail