

CANDIDATE FOR DEPARTMENT HOSTED HEARING AID DISPENSER EXAM (DHADE)			
Legal First Name	Legal Middle Name	Legal Last Name	Temporary AZ LIC# (if applicable) THAD-
LICENSED PERSON ATTESTING COMPETENCY			
Legal First Name	Legal Middle Name	Legal Last Name	AZ HAD/HADE/HADR/DA LIC# DA/HAD-

I, _____,
(Printed first and last name of licensed person)

- **Am licensed to fit and dispense hearing aids in the state of Arizona, and**
- **I attest that the above listed candidate has demonstrated competency in the following areas pursuant to Arizona Revised Statute (A.R.S.) 36-1924:**
 1. Minimal knowledge in the techniques of testing hearing and fitting and evaluating hearing aids.
 2. Knowledge of the medical and rehabilitation facilities, for children and adults with hearing disorders, in this state.
 3. Knowledge in the following areas as they pertain to the fitting of hearing aids:
 - a. Physics.
 - b. The human hearing mechanism, including its functions and causes of its disorders.
 - c. The function of hearing aids
 4. Techniques of taking ear mold impressions and measurement of hearing by pure tone audiometry, including the air, bone and masking methods, and speech audiometry and other skills as they pertain to the candidacy for, selection of and adaptation of hearing aids.
 5. Knowledge of rehabilitation and hearing conservation techniques as they relate only to hearing aids and related devices.

Signature of licensed person attesting competency

Date (MM/DD/YYYY)

Signature of candidate for DHADE

Date (MM/DD/YYYY)

Please retain any and all documentation of training and competency (e.g. training logs, ear impressions, videos, notes, etc.) for at least five (5) years after completion.