



PHIL D. MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

New Jersey Office of the Attorney General

Division of Consumer Affairs
Hearing Aid Dispensers Examining Committee
State Board of Medical Examiners
P.O. Box 183, Trenton, NJ 08625-0183



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EXAMINATION SPONSOR'S AFFIDAVIT

I, _____, a licensed Hearing Aid Dispenser,
License Number 25MG _____, due hereby state that _____,
Temporary Permit number B- _____ has completed or will complete **the required** _____
hours of Hearing Aid training under my supervision which began on _____ and
ended on _____.

Date

Sponsor's Signature

EXAMINATION APPLICANT'S AFFIDAVIT

_____, due hereby state that I have been under the
supervision of _____ for the above mentioned time period.

Email address: _____