



**New Jersey Office of the Attorney General**

Division of Consumer Affairs

State Board of Medical Examiners

Hearing Aid Dispensers Examining Committee

140 East Front Street, 3rd Floor, P.O. Box 183

Trenton, New Jersey 08625

(609) 826-7100

**Hearing Aid Dispensers Examining Committee**

**Sponsor's Affidavit**

**Please complete and return this affidavit with the completed application.**

- I hereby affirm that I am currently licensed and registered to practice hearing aid dispensing in New Jersey. I have been actively practicing in New Jersey continuously since \_\_\_\_\_. Pursuant to N.J.S.A. 45:9A-16b, N.J.A.C. 13:35-8.3 and N.J.A.C. 13:35-8.6, I hereby agree to assume full responsibility for the supervision and training of \_\_\_\_\_ upon receipt of a Training Permit, in the requisite skills, methods and techniques so as to insure competency in the fitting and dispensing of hearing aids. The applicant will train  FULL TIME  PART TIME\* at my business location. I will assume full responsibility for and guarantee the trainee's activities in the selling, testing, fitting and dispensing of the hearing aids.
- Pursuant to N.J.S.A. 45:9A-16a and N.J.A.C. 13:35-8.5 and 8.6, I will assume full responsibility for and guarantee the temporary license of \_\_\_\_\_ and his/her supervision, training and activities in the selling, fitting and dispensing of hearing aids.

\_\_\_\_\_

Business Name Telephone number (include area code)

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\_\_\_\_\_

Street Address City State Zip Code

The firm's Supervising Licensee's name (N.J.A.C. 13:35-8.8)

\_\_\_\_\_

Name License number

The sponsor **must enclose** copies of his/her original N.I.H.I.S. certificates indicating the completion of a minimum of 20 continuing education course hours during the **PREVIOUS BIENNIAL REGISTRATION PERIOD.**

\_\_\_\_\_

Sponsor's Signature Date License Number

Sworn and subscribed to before me this

day of \_\_\_\_\_, \_\_\_\_\_

Month

Year

\_\_\_\_\_  
Name of Notary Public (please print)

\_\_\_\_\_  
Signature of Notary Public



**Affix Seal Here**