



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION
BOARD OF SPEECH/LANGUAGE PATHOLOGY, AUDIOLOGY AND HEARING AID DISPENSERS

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: WWW.DPR.DELAWARE.GOV

REQUEST FOR EXEMPTION FROM CALIBRATION REQUIREMENT

Title 24, Section 3706(a)(12) of the *Delaware Code* and Section 7.0 of the Board's Rules and Regulations require annual calibration of equipment used to assess hearing. Submit this form when the annual equipment calibration requirement does not apply to you.

1. Full Name: _____
Last First Middle

2. Address: _____
City State Zip

3. Phone: _____ 4. Email: _____
daytime evening or cell

5. Delaware License Number: **O**__ - _____

6. Do you possess any audiological equipment that requires annual calibration? Yes No

7. Are you using any other audiological equipment owned by an individual or agency? Yes No

8. Are you currently working as an audiologist and/or hearing aid dispenser? Yes No If no, enter date on which you last provided direct services: _____

9. If I begin to work as an audiologist and/or hearing aid dispenser providing direct service and using equipment requiring calibration, I understand that I must notify the Board within 30 days and that I must submit at the same time a calibration report for the audiological equipment I am using. Yes No

Signature: _____ Date: _____