



Janet T. Mills  
Governor

STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL  
AND FINANCIAL REGULATION  
**Board of Speech, Audiology and Hearing**  
35 STATE HOUSE STATION  
AUGUSTA, MAINE  
04333-0035

Joan F Cohen  
Commissioner

### Supervision Form for Trainee Hearing Aid Dealer and Fitters

This form is required to be submitted by applicants for a trainee permit or for trainees to report changes in supervisory relationships to the Board.

#### Applicant Data

Name of Applicant:

Mailing Address:

City:

State:

Zip Code:

#### Proposed Supervisor's Data

Please select one:

☐ New supervisor

☐ Change of supervisor

Name of previous supervisor: \_\_\_\_\_

Name of Proposed Supervisor:

Mailing Address:

City:

State:

Zip Code:

License Number:

First Issue Date:

Employer:

Job Title:

Dates employed\*:

\*If less than two (2) years please attach a resume demonstrating at least two (2) years of professional experience.

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OFFICE PHONE: (207)624-8626



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(888) 577-6690 (HEARING IMPAIRED)  
OFFICES LOCATED AT: 76 NORTHERN AVENUE,  
GARDINER, MAINE  
[www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing)

FAX: (207)624-8637

## Supervision Form for Hearing Aid Dealer and Fitter Trainees

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### Supervisor's Responsibility Statement

As the Supervisor:

Agree:

- 1) I possess a valid license and have two (2) years of professional experience as outlined in the board rules to supervise this trainee. ☐
- 2) I understand that I may supervise a maximum of two (2) trainees that I may not supervise a total number of temporary licensees, trainee hearing aid dealers and fitters, speech-language pathology assistants and students in excess of the my ability to competently supervise such persons and perform my direct client services for which I am responsible. ☐
- 3) I understand that the applicant for traineeship may not perform the permissible tasks of a hearing aid dealer and fitter until the Board has reviewed and approved this applicant's application or has reviewed and approved the change in supervision in writing. ☐
- 4) I understand that I am legally and ethically responsible for the work of a trainee under my supervision and I am legally and ethically responsible for the adjustment and servicing of any hearing aid sold with the participation of the trainee. ☐
- 5) I will immediately notify the trainee hearing aid dealer and fitter and the Board of anything that affects my ability or right to supervise. ☐
- 6) I will maintain a training log as outlined in Chapter 5, Section 6 of the Board's rules and will provide it to the Board upon request or upon the trainee's application for licensure as a hearing aid dealer and fitter ☐
- 7) I know and understand the laws and rules pertaining to the direct supervision and permissible tasks allowed under the Board's laws and rules. ☐
- 8) If I terminate supervision of this trainee hearing aid dealer and fitter I will inform the Board in writing within ten (10) days. ☐

By my signature I attest that I have read and agree with the above statements. I also understand and accept the conditions and responsibilities of the supervisory relationship as outlined by the Rules of the Board of Speech, Audiology and Hearing and by the Statutes of the State of Maine.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_