



CERTIFICATE OF RESPONSIBILITY FOR EXTERNSHIP / RESIDENCY FULFILLMENT

In order to facilitate the dispensing of hearing instruments at:

and in view of Kansas statutes regulating the fitting and dispensing of hearing instruments, the governing bodies of the above named facility and the person(s) named below who is (are) currently licensed by the state to fit and dispense hearing instruments do accept total responsibility in regard to any and all dispensing activities performed by:

This course of action is entered into in view of the applicant's training and continuing educational endeavor in the Doctorate of Audiology program and the applicant is not being required to obtain the temporary license as the residency program is a continuation of an academic program.

SIGNATURE: _____
Responsible Party for the Facility

PRINTED NAME: _____ POSITION _____

SIGNATURE: _____
Licensee / Supervisor

PRINTED NAME: _____ LICENSE # _____

SIGNATURE: _____
Licensee / Supervisor

PRINTED NAME: _____ LICENSE # _____