

Professional Certification Form

Federal and state law (including FCC regulations) limits the sharing or distribution by CaptionCall® of certain information about users of IP CTS with other entities and individuals.

Instructions: Take this form to your hearing-care or healthcare provider to certify you have hearing loss and require the CaptionCall service. Please fax the form to 1-888-531-1906 or email to certification@captioncall.com.

Patient Information

Patient's Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Preferred Caption Language: English Spanish **Desired Product(s):** Home phone iPad app

Healthcare Provider Information

Business/Practice Name: _____ Account Number: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

The following professionals may certify hearing loss (check applicable profession):

<input type="checkbox"/> Audiologist (AuD)	<input type="checkbox"/> Ear, Nose and Throat (ENT)	<input type="checkbox"/> Family Physician General Practice	<input type="checkbox"/> Geriatrician
<input type="checkbox"/> Gerontologist	<input type="checkbox"/> Hearing Instrument Specialist (HIS)	<input type="checkbox"/> Veteran Service Officers	<input type="checkbox"/> Internal Medicine
<input type="checkbox"/> Pediatrician	<input type="checkbox"/> Speech-Language Pathologists	<input type="checkbox"/> Physician Assistant (PA)	<input type="checkbox"/> Otolaryngologist
<input type="checkbox"/> Nurse Practitioner (NP)			

Healthcare Provider Information

- I certify, under penalty of perjury, that I am a hearing care or healthcare professional and am qualified to diagnose hearing loss.
- I certify that I have determined that the patient referenced above has a hearing loss that makes it difficult to communicate effectively by telephone and requires the use of captioned telephone service to communicate by telephone in a manner that is functionally equivalent to a fully hearing person.
- I certify that I do not have any business, family, or social relationship with any employee of Sorenson Communications or CaptionCall.
- I certify that the patient referenced above has explicitly authorized me to request that CaptionCall contact him or her regarding CaptionCall captioning services using the contact information provided above.
- I certify that I have informed the patient that "FEDERAL LAW PROHIBITS ANYONE BUT REGISTERED USERS WITH HEARING LOSS FROM USING INTERNET PROTOCOL (IP) CAPTIONED TELEPHONES WITH THE CAPTIONS TURNED ON. IP captioned telephone service may use a live operator. The operator generates captions of what the other party to the call says. These captions are then sent to your phone. There is a cost for each minute of captions generated, paid from a federally administered fund." No costs are passed along to individuals who qualify for the service.

Professional's Name: _____ Title: _____

Professional's Signature: _____ Date: _____

Notes: