

# Professional Certification Form

**Instructions:**

Please use this certification form to certify that the qualified patient listed below has hearing loss and requires the CaptionCall service to use the telephone in a manner that is functionally equivalent to a fully hearing person.

Please fax the completed form to 1-888-531-1906, or email it to [certification@captioncall.com](mailto:certification@captioncall.com), or mail it to CaptionCall Certification, 4215 South Riverboat Rd., Salt Lake City, UT 84123. For assistance or questions, call 1-877-557-2227. Once the form is submitted, a CaptionCall representative will contact the individual with hearing loss to schedule installation of the phone.

**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: \_\_\_\_\_ Promo Code: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

- Audiologist (AuD)    Ear, Nose and Throat (ENT)    Family Physician    General Practice  
 Geriatrician    Gerontologist    Hearing Instrument Specialist (HIS)    Internal Medicine  
 Otolaryngologist    Pediatrician    Nurse Practitioner (NP)    Physician Assistant (PA)

**Certification**

- 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 both I and the patient understand that the captioning service is provided by a live Communications Assistant and that this service is funded through a federal program for the hearing impaired.
- I certify that I do not have any business, family or social relationship with any employee of Sorenson Communications or CaptionCall.

Professional's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Professional's Signature: \_\_\_\_\_ Date: \_\_\_\_\_