

Professional Certification Form

For Third-Party Distribution

Instructions:

Third-Party Promo Code: _____

Order a CaptionCall® phone in two simple steps: 1) Visit www.captioncall.com, click on "Request Phone" and complete the online order form using the promo code of the third-party organization that referred you. 2) Take this Professional Certification Form to your hearing or healthcare provider to complete and submit.

Please fax the completed Professional Certification Form to 1-888-531-1906 or email it to certification@captioncall.com or mail it to CaptionCall Certification, 4215 S. Riverboat Rd., Salt Lake City, UT 84123. For assistance, call 1-877-557-2227. Once we receive your online order form and the completed Professional Certification Form, a CaptionCall representative will contact you to schedule installation of a free CaptionCall 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 Captioning Agent 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: _____