

Professional Certification Form

Instructions:

1. Please take this certification form to your Hearing Care or Health Care Provider to certify you have hearing loss and require the CaptionCall® service to use the telephone in a manner that is functionally equivalent to a fully hearing person.
2. Please fax the completed form to 1-888-531-1906 email it to certification@captioncall.com or mail it to CaptionCall Certification, 4215 S. 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 you to schedule installation of the phone.

Individual's Information (person with hearing loss) Promo Code (optional) _____

Individual's Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Preferred Caption Language: English Spanish

Desired product(s): Home phone iPad app

Healthcare Provider Information

Professional's Name: _____ Title: _____

Business/Practice Name: _____

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.
- 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.

Professional's Signature

Date