

# Professional Certification Form

For Third-Party Distribution

## Instructions:

Please fax the completed Professional Certification Form to 1-888-531-1906, or email it to [certification@captioncall.com](mailto: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.

Third-Party Account Number: \_\_\_\_\_

## Patient Information

Patient's Name: \_\_\_\_\_

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

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

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

Additional Info: \_\_\_\_\_

**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):

- 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 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: \_\_\_\_\_