

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 1-888-778-5838 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)

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 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 Signature_____
Date