



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
DIVISION OF HEALTH LICENSURE AND REGULATION
OFFICE OF HEALTH RELATED BOARDS
665 MAINSTREAM DRIVE, 2ND FLOOR
NASHVILLE, TENNESSEE 37243
1 (800) 778-4123 or (615) 532-3202

COUNCIL FOR HEARING INSTRUMENT SPECIALISTS
PRACTICAL SKILLS EXAMINATION PROCTOR APPLICATION

Complete this form and submit by email to Unit1HRB.Health@tn.gov or to the mailing address above.

Legal Name: _____

Complete Mailing Address: _____

Home Phone #: () _____ Work Phone #: () _____

E-mail Address: _____

License Number: _____ License Expiration Date: _____

1. I hold an active and unencumbered license as a Hearing Instrument Specialist in Tennessee.
2. I hold an active and unencumbered National Board for Certification in Hearing Instrument Sciences (NBC-HIS) certification.
3. I have observed at least one (1) practical skills examination with the following Tennessee approved proctor: _____
(Name) (TN License #)
4. By submitting this application, and upon approval of this application, I acknowledge the responsibility and duty to maintain impartiality in my role as a proctor. I understand the Council shall take any actions necessary to insure impartiality.
5. I understand that all proctors are required to travel to the Council's administrative office in Nashville, Tennessee on scheduled testing dates. In my capacity as a proctor, I understand I may be eligible for travel reimbursements. Additionally, I shall be compensated at the rate of one hundred dollars (\$100.00).
6. I understand that a review of this application must be conducted to determine approval as a prequalified proctor. Such approval does not guarantee that I will be selected to serve as a proctor.

PLEASE COMPLETE THE AFFIDAVIT AND SIGN IN THE PRESENCE OF A NOTARY.

This certifies, under penalty of perjury, that the information submitted by me in this request is true and correct to the best of my knowledge and belief. If it is determined that any information contained within this request is false, then I understand that this request may be denied or invalidated.

Signature

Date

State of: _____

County of: _____

Sworn to and subscribed before me, this _____ day of _____, _____.

Notary Public

My commission expires: _____

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