



CANNON BUILDING
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STATE OF DELAWARE
**BOARD OF SPEECH PATHOLOGISTS,
AUDIOLOGISTS AND HEARING AID DISPENSERS**

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WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@delaware.gov

EXEMPTION FROM CALIBRATION REQUIREMENT

Instructions: Complete this form to document the reason(s) that the annual equipment calibration requirement does **not** apply to you. The Board's [license law](#) and [Rules and Regulations](#) require annual calibration of equipment used to assess hearing. To upload this documentation to your eLicensing Dashboard:

- Visit delpros.delaware.gov anytime...7 days a week...24 hours a day.
- Click Apply/Manage a License.
- Log in with your Email Address and Password.
- Select your license.
- Upload your documentation to Additional Documentation.

1. Licensee Name: _____
Last First Middle

2. Delaware License Number: **O** ____ - _____

3. Do you possess any audiological equipment that requires annual calibration? Yes No

4. Are you using any other audiological equipment owned by an individual or agency? Yes No

5. Are you currently working as an audiologist and/or hearing aid dispenser? Yes No

- **If no**, enter date on which you last provided direct services: _____

6. Do you understand that you must:

- notify the Board within 30 days if you begin to work as an audiologist and/or hearing aid dispenser who provides direct service and uses equipment requiring calibration? Yes
- submit a calibration report for the audiological equipment you are using at the same time you notify the Board Yes

Signature: _____ **Date:** _____