



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

TELEPHONE: (302) 744-4500  
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WEBSITE: [DPR.DELAWARE.GOV](http://DPR.DELAWARE.GOV)  
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**HEARING AID DISPENSER - STATEMENT OF SUPERVISING SPONSOR**

**Instructions:** To be completed by the person who will sponsor and supervise you during the 12-month period that you will hold a Temporary Hearing Aid Dispenser license. The supervising sponsor must hold an active Delaware-licensed Hearing Aid Dispenser or Audiologist license. *Mail this document to the Board office at the address above when applying for a license. Use this form when submitting the Service Request to Manage Affiliations. Upload the completed document with your request in DELPROS.*

Direct Supervision: means that the supervisor directly observes the applicant on-site. The first six months are the training period. During the training period, applicants must be under direct supervision as shown below:

- Months 1 and 2 – 100% of the time
- Months 3 and 4 - 50% of the time
- Months 5 and 6 – 25% of the time

**Applicant – Enter your Application ID:** \_\_\_\_\_

**APPLICANT INFORMATION**

1. Applicant Name: \_\_\_\_\_  
Last First Middle

**SUPERVISING SPONSOR INFORMATION**

2. Supervisor Name: \_\_\_\_\_ DE License No: O\_\_\_ - \_\_\_\_\_

3. Do you agree to supervise the applicant who will work and train under your supervision and to be fully responsible for the applicant's technical training and ethical conduct? Yes

4. Do you agree to evaluate and report on the applicant's progress as required by the *Training Plan*? Yes

5. Do you agree to notify the Board if you are no longer the applicant's supervisor? Yes

**AFFIDAVIT**

I do hereby affirm that I hold a valid, unrevoked, unsuspended license issued by the Delaware Board of Speech Pathologists, Audiologists and Hearing Aid Dispensers, and that I have read and fully understand my responsibilities as sponsor for the applicant named above. I further affirm that I have read the application of the above named person and that to the best of my knowledge all answers are true and correct.

**Signature of Supervising Sponsor:** \_\_\_\_\_ Date: \_\_\_\_\_

City of \_\_\_\_\_ County of \_\_\_\_\_

Sworn to before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

Signature of Notary: \_\_\_\_\_

SEAL

My Commission Expires: \_\_\_\_\_