

## Department of Audiology

# Audiology Assistant Training Program Registration Form

Please complete the information in the form below and submit via one of the following methods:

**Email:** [audassist@nova.edu](mailto:audassist@nova.edu)

**Fax:** 954-262-2908

**Mail:** Department of Audiology, Nova Southeastern University, 3300 S. University Drive, Fort Lauderdale, FL 33328

Once the form has been submitted, you may proceed to register for your training module(s). If you register for both modules at the same time, one form will suffice. If you purchase one training module and then purchase the second training module at a later date, you must re-submit this form.

**Enrollee Name:** \_\_\_\_\_

**Enrollee Email:** \_\_\_\_\_

**Enrollee Phone Number:** \_\_\_\_\_

**Enrollee Mailing Address:** \_\_\_\_\_

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Supervising Audiologist Name: \_\_\_\_\_

Supervising Audiologist Practice State(s): \_\_\_\_\_

Supervising Audiologist License #: \_\_\_\_\_

Supervising Audiologist License Date of Expiration: \_\_\_\_\_

**Desired Training Module:**    Amplification ☒      Diagnostics ☐

Please be advised that states have different license and registration requirements. Before purchasing the **Audiologist's Assistant Training Module(s)** check these regulations and requirements to ensure that the enrollee will qualify to work as an assistant in your state. Both training modules are certificate programs only and are intended for training purposes only. Only a state can issue a state license or registration.

I attest that I have verified the necessary state licensing regulations and requirements related to audiology assistants.

**Enrollee Name:** \_\_\_\_\_

**Supervising Audiologist Name:** \_\_\_\_\_

**Signature of Supervising Audiologist:** \_\_\_\_\_

**Date:** \_\_\_\_\_