



Professional Certification Form

To get your Ensemble™ with ClearCaptions caption phone at NO COST to you, have your Healthcare Professional complete and sign this simple form.

Completed and signed forms can be faxed to **877-846-9122**, scanned and emailed to **ensemble@clearcaptions.com**, or mailed directly to:

*ClearCaptions, LLC
ATTN: Certification
3001 Lava Ridge Court, Suite 100
Roseville, CA 95661*

Individual with hearing loss (please complete all fields)		
Name:		
Street Address:		
City:	State:	ZIP:
Phone:		
Email:		
Certifying Healthcare Professional (or Designee – check appropriate Designation below)		
Professional's Name:		
Professional Title:		
Business/Practice Name:		
Street Address:		
City:	State:	ZIP:
Phone:		
Email:		
Please check one:		
<input type="checkbox"/> Audiologist	<input type="checkbox"/> Ear, Nose & Throat	<input type="checkbox"/> General Practice / Family Physician
<input type="checkbox"/> Physician Assistant	<input type="checkbox"/> Nurse Practitioner	<input type="checkbox"/> Hearing Instrument Specialist
<input type="checkbox"/> Geriatrician	<input type="checkbox"/> Pediatrician	<input type="checkbox"/> Other: _____

Certification:

- I certify that I have determined the individual referenced on this form has a form of hearing loss that makes it difficult to communicate effectively by telephone, requiring use of a caption telephone service to communicate in a manner that is functionally equivalent to a fully hearing person.
- I certify that both I and the individual referenced 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 ClearCaptions.
- I certify the above and, under penalty of perjury, that I am a hearing care or healthcare professional qualified to diagnose (or confirm the diagnosis of a professional for whom I am designee) of hearing loss.

Provider/Designee Name (Print)

Signature

Date

ENSEMBLE SERIAL NUMBER (ESN) 
