

PLEASE RETURN THIS CHECK-LIST WITH YOUR APPLICATION

HEARING AID DISPENSERS CHECK-LIST

Enclosed, please find my completed application for appointment to Kern Health Systems.

I have enclosed the following CURRENT copies of:

	YES	NO	If not enclosed, expected date
1) City Business License	<input type="checkbox"/>	<input type="checkbox"/>	_____
2) Hearing Aid Dispenser License	<input type="checkbox"/>	<input type="checkbox"/>	_____
3) Audiologist License (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	_____
4) Current Professional Liability	<input type="checkbox"/>	<input type="checkbox"/>	_____
5) Current General Liability	<input type="checkbox"/>	<input type="checkbox"/>	_____
6) Completed Application	<input type="checkbox"/>	<input type="checkbox"/>	_____

Comments: _____

