

FORM B - DESCRIPTION OF PROPOSED AUDIOLOGY ASSISTANT TRAINING

- This form is to be completed by the Supervisor of the Audiology Assistant applicant
- This form is to be submitted with the Audiology Assistant Application for Registration and a **current job description**. Form may be copied as needed for extra pages.

AUD ASSISTANT NAME: _____ SUPERVISOR NAME: _____

Description of Specific Tasks/Activities To be performed:	Specific Training:	Proposed # of training Hours:
Total Number of Proposed Training Hours: _____		

PLEASE BE SURE TO INCLUDE A CURRENT JOB DESCRIPTION WITH THIS FORM/APPLICATION