Functional Demonstration Authorization Form

The audiologists listed in the table below are authorized by their supervisor to receive vendor provided functional demonstration devices in accordance with the guidelines as provided in the VA hearing aid and wireless accessories contract.

Audiologist Name: _____ Email: _____

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Audiologist Name: _____ Email: _____

Audiologist Name: _____ Email: _____

Audiologist Name: _____ Email: _____

Audiologist Name: _____ Email:

Facility Name: _____

Facility Address: _____

Name of Supervisor (print): _____ Phone Number: _____

Supervisor's Signature: _____ Date: _____