

**HEARING LOSS CERTIFICATION
Telecommunication Assistance Program (TAP)**

NOTICE: Completion of this form meets the requirements of Wisconsin Statute § 46.297. Personally identifiable information (PII) on this form will be used to determine eligibility for assistance through the program and will be used only for this purpose.

NOTE: This certificate **must be** completed by a licensed physician, certified audiologist, or a hearing instrument specialist.

Name – Applicant (Last, First, Middle)	Phone Number - -	Date Examined (mm/dd/yyyy)	
Address (Street)	City	State	ZIP Code

Person Verifying Information

Name	Title
NOTE: Hearing Instrument Specialists completing this form must include the results from procedures pursuant to Chapter HAS 4. See procedures listed below.	Hearing Instrument Specialist License Number (If applicable)

Hearing Instrument Specialists include exam results/report for one of the following procedures within 6 months of when the TAP application was received (check all that apply):

- Pure tone audiometry, including air conduction testing and bone conduction testing.
- Speech audiometry by live voice, or recorded voice, including speech reception threshold, speech discrimination testing, and most comfortable loudness measurements and loudness discomfort levels.
- Appropriate masking when indicated.
- Recording and interpretation of audiograms and speech audiometry to determine proper selection and adaptation of hearing instruments.

SIGNATURE – Person Verifying Information	Date Signed (mm/dd/yyyy)
TEPP Application Number (If Applicable)	

Questions? Please call the Telecommunication Assistance Program at 608-266-2536.

SUBMIT COMPLETED HEARING LOSS CERTIFICATE FORM BY MAIL OR FAX

Mail:
Office for the Deaf and Hard of Hearing
Attn: Telecommunication Assistance Program
P.O. Box 2659
Madison, WI 53701-2659

Fax:
608-267-3203
Office for the Deaf and Hard of Hearing
Attn: Telecommunication Assistance Program