



ARKANSAS BOARD OF HEARING INSTRUMENT DISPENSERS

Mobile Testing Date(s) and Area Application

For Official Use Only:

Date Submitted: _____

Date of Planned Visit: _____

Time of Planned Visit: _____

PRACTITIONER INFORMATION:

Name: _____

Business Name: _____

E-mail: _____

Business Address: _____

Office Phone: _____

Cell Phone: _____

TRAVELING DETAILS

Starting Location: _____
(Address) (City) (Zip)

Location Visited: _____
(Address) (City) (Zip)

Miles Traveled: _____

EQUIPMENT INFORMATION

(Please include current Calibration Sheets for ALL equipment to be used.)

Audiometer:

Make/Model: _____ Serial Number: _____

Tympanometer:

Make/Model: _____ Serial Number: _____

Other:

Practitioner Signature: _____ Date: _____

For Official Use Only:

As stated in Article XVI, Section 2, of the Arkansas Board of Hearing Instrument Dispensers Rules and Regulations, the Board must be notified (via Certified Mail) of planned visits at least thirty (30) days prior to conducting business.