BCS/LHA-020 (04/11)

Michigan Department of Licensing and Regulatory Affairs
Bureau of Commercial Services
Licensing Division
HEARING AID DEALERS
P.O. Box 30018, Lansing, MI 48909
517-241-1306 - Fax: 517-373-1044
www.michigan.gov/hearingaiddealers

TRAINEE EXPERIENCE FORM

AUTHORITY: P.A. 299 of 1980, as amended
COMPLETION: Mandatory
PENALTY: Failure to complete may result in denial of your application

PLEASE TYPE OR PRINT IN BLACK INK.

TRAINEE INFORMATION

Trainee Name	License Number **35-01**	License Expiration

Address	Daytime Telephone Number ( )	E-mail

SUPERVISING DEALER INFORMATION

Supervising Dealer Name	Facility Name	License Number **35-01**	License Expiration

Address	Daytime Telephone Number ( )	E-mail

Date trainee began employment:	Date trainee left employment:

A licensed hearing aid trainee must have a minimum of six months (1,040 hours) of professional experience working under the **DIRECT** supervision of a licensed Michigan hearing aid dealer before applying for a hearing aid salesperson license. Use this form to record your experience in chronological order. Both the licensed trainee and dealer must sign this form. If a trainee transfers employers, a second experience form should be used for the new employer.

Month/Year	Number of Hours Worked	Description of Work Performed
Total Hours:		This completed form must be submitted with your application for a HAD salesperson license. Multiple forms may be required to document 6 months (1,040 hours) experience.

SIGNATURE:

I hereby certify that the information reported in this trainee experience form is true and correct. I am aware that a false statement or dishonest answer may be grounds for denial of my application or disciplinary action against my license, or may be punishable by law. I hereby authorize the Department of Licensing and Regulatory Affairs and its agents to investigate any statements made by me in this traninee experience form.

Hearing Aid Trainee: _____ _____
Signature Date

Hearing Aid Dealer: _____ _____
Signature Date

LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommadations are available upon request to individuals with disabilities.