



TENNESSEE DEPARTMENT OF HEALTH
OFFICE OF HEALTH LICENSURE AND REGULATION
665 MAINSTREAM DR
NASHVILLE, TN 37243
www.tn.gov/health

OUTLINE OF PROGRAM SUPERVISION

This is to inform the Council for Licensing Hearing Instrument Specialists that _____
APPRENTICE'S NAME

will be working under my supervision at _____
COMPANY NAME

_____ ADDRESS _____ CITY _____ STATE

during the hours of _____. If any field appointments are made,
_____ will be working with him/her.

Business Phone Number (_____) _____ - _____

The following subjects will be covered:

<u>Topics</u>	<u>Hours</u>
_____	_____
_____	_____
_____	_____
_____	_____

In addition to case histories and audiometric data used in my office, the following training materials will be used:

If I can be of further assistance, you may contact me by calling _____.

Supervisor's Signature

Date

HIS License Number _____