

NOTICE OF TERMINATION or RESIGNATION HEARING INSTRUMENT INTERN

Utah Division of Occupational and Professional Licensing
160 East 300 South, P. O. Box 146741
Salt Lake City, Utah 84114-6741
Telephone: (801) 530-6628
FAX: (801) 530-6511

Instructions: Pursuant to the *Utah Hearing Instrument Licensing Act Rules § R156-46a-302d(8)*, a licensed hearing instrument specialist supervisor is required to notify the Division, in writing, within 10 working days if the internship program is terminated. Please furnish the requested information below.

Name of Hearing Instrument Specialist Intern:		
License Number:		
Address of Intern (if known)		
City:	State:	Zip
Telephone Number:		
Dates of Supervision: ____/____/____ to ____/____/____		

The Hearing Instrument Intern listed above is no longer supervised by this licensee.	
Date of Termination or Resignation:	
Name of Supervisor:	
Supervisor License Number:	

Signature of:	<input type="checkbox"/> Hearing Instrument Specialist Supervisor <input type="checkbox"/> Hearing Instrument Intern	
Printed Name:		Date Signed: