



**ASSOCIATION OF HEARING INSTRUMENT  
PRACTITIONERS OF ONTARIO**

**APPENDIX A**

Application for Internship Enrollment

**I WISH TO ENROLL FOR:**  H.I.S. INTERNSHIP

**I AM APPLYING FOR:**  ADDITIONAL MONITOR FOR MY INTERNSHIP

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**TO BE COMPLETED BY THE INTERN**

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LAST NAME

FIRST NAME

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HOME ADDRESS  
CODE

CITY

PROV

POSTAL

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CLINIC (FULL) NAME AND ADDRESS

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CITY  
CODE

PROVINCE

POSTAL

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HOME PHONE

BUS PHONE

EMAIL

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SIGNATURE

DATE

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**TO BE COMPLETED BY THE MONITOR**

*This clinical experience must be monitored by a Hearing Instrument Specialist (H.I.S.) who is an AHIP member in good standing; and/or an Audiologist, Reg. CASLPO member in good standing.*

*The above noted Monitors must also be full member with a minimum of two consecutive years' experience as a Hearing Instrument Specialist or an Audiologist and can monitor no more than two (2) interns at any given time.*

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LAST NAME

FIRST NAME

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CLINIC NAME AND ADDRESS

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CITY

PROVINCE

POSTAL CODE

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BUS PHONE

EMAIL

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AHIP/CASLPO #

AUTHORIZER #

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SIGNATURE

DATE

*January 1, 2022*

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