



Association of Hearing Instrument Practitioners of Ontario

H.I.S. Re-Certification Application

APPLICATION DATE _____

APPLICANT NAME _____

APPLICANT SIGNATURE _____

APPLICANT ADDRESS _____

APPLICANT PHONE # _____

APPLICANT E-MAIL _____

MONITOR NAME _____

MONITOR SIGNATURE _____

MONITOR PHONE # _____

MONITOR EMAIL _____

RE-CERTIFICATION ADDRESS _____

Once the form is completed & sent back to the AHIP office, the Chair of Membership will review and verify the information. You will be further advised.

OFFICE USE ONLY

*Number of Monitored Hours Required
By this Applicant*

*Number of Continuing Education Hours Required
By this Applicant*

Date Requirements need to be completed by
