



**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

TO BE COMPLETED BY THE INTERN

LAST NAME FIRST NAME

HOME ADDRESS CITY PROV POSTAL CODE

CLINIC (FULL) NAME AND ADDRESS

CITY PROVINCE POSTAL CODE

HOME PHONE BUS PHONE EMAIL

SIGNATURE DATE

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.

LAST NAME FIRST NAME

CLINIC NAME AND ADDRESS

CITY PROVINCE POSTAL CODE

BUS PHONE EMAIL

AHIP/CASLPO # AUTHORIZER #

SIGNATURE DATE

January 1, 2022