



## **Audiology Assistant Training Program Registration Form**

### **Directions:**

**Please complete the form and submit it via one of the following methods:**

**Email:** audassist@nova.edu

**Fax:** (954) 262-2908

**Mail:** Nova Southeastern University  
Audiology Department

Attn: Audiology Assistant Program  
3200 South University Drive  
Fort Lauderdale, FL 33328

Once you submit this form, you may proceed to register for your desired training course(s) at:

[http://www.nova.edu/chcs/audiology/aud\\_assistant/index.html](http://www.nova.edu/chcs/audiology/aud_assistant/index.html)

**Note: You must resubmit this form if you wish to purchase an additional training course at a later time. You may register at any time; however, registration will not be complete until you submit payment online.**



## Audiology Assistant Training Program Registration Form

**Student's Name:** \_\_\_\_\_

**Student's Email:** \_\_\_\_\_

**Student's Contact Phone Number(s):** \_\_\_\_\_

**Mailing Address:**

\_\_\_\_\_  
\_\_\_\_\_

**Supervising Audiologist's Name:** \_\_\_\_\_

**Audiologist State License or AAA Member #:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Date (MM/DD/YYYY):** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Desired Training Course(s) (check one or both):**

**Amplification**

**Diagnostics**

Nova Southeastern University admits students of any race, color, and national or ethnic origin

Please be advised that states have different license and registration requirements. Before purchasing the assistant's training material, please check these regulations to ensure that the student will qualify to work as an assistant in your state. Both courses are certificate programs and are intended for training purposes only. Only a state can issue a state license or registration.

**I attest that I have verified the necessary state licensing regulations concerning audiology assistants**

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**NAME (PRINT) OF STUDENT**

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**NAME (PRINT) OF SUPERVISING AUDIOLOGIST**

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**AUDIOLOGIST SIGNATURE**

**DATE**