



Certification of Hearing Loss/Speech Disability for Alaska Telecommunications Equipment Distribution Program

Verification of disability and the need for special telecommunications equipment

Applicant's name: _____
Last *First* *Middle*

Phone: () _____ TTY Voice Videophone Other: _____

This certification can be completed by one of the following:

- Licensed Physician
- Certified Audiologist
- Certified Speech-Language Pathologist
- Alaska Department of Health and Social Services

An examination or records show that the applicant has one or more of the following disabilities which causes an impediment to access the telephone system.

- Deaf
- Severe Hearing Loss*
- Severe Speech Impairment

* Individuals considered "Severe Hearing Loss" must have a hearing loss of 30dB average in the frequencies <500, 1000 & 2000> or greater in the better ear. If an audiogram is available, please provide a copy.

It is my professional opinion that the applicant identified above has a hearing or speech which causes a barrier to access the telephone system.

Name: _____
Please type of print

Phone: () _____

Agency: _____

Address: _____

City/State/Zip: _____

Signature: _____ Date: _____

PLEASE COMPLETE AND RETURN THIS FORM TO:

ATLA - Assistive Technology of Alaska
3330 Arctic Boulevard, Suite 101, Anchorage, AK 99503
• 800-723-ATLA (2852) (Toll-free Phone)
• 907-563-2599 (Voice)
• 907-561-2592 (TTY)
• 907-563-0699 (Fax)
• atla@atlaak.org (Email)