

Professional Certification Form

Follow the two easy steps below to receive your Ensemble™ phone featuring ClearCaptions.

1. Have a third-party professional* complete and sign this form. To be considered valid by ClearCaptions and the Federal Communications Commission (FCC), all fields must be complete and accurate.
2. Fax the completed form to 877-846-9122 or scan and email to ensemble@clearcaptions.com

You can also mail the form to: *ClearCaptions, LLC*
ATTN: Certification
599 Menlo Drive Suite 200
Rocklin, CA 95765

Hearing Loss Professional Information		IMPORTANT: PLEASE COMPLETE ALL FIELDS	
NAME OF PROFESSIONAL		TITLE	
STREET ADDRESS			
CITY		STATE	ZIP
PHONE NUMBER (Include area code)	EMAIL		
<ul style="list-style-type: none">• I have examined and certify under penalty of perjury that the individual listed below has a hearing loss that necessitates use of captioned telephone service. I understand the captioning for captioned telephone service is provided by a live communications assistant and is funded through a federal program.• I am a third-party professional qualified to evaluate a person's hearing loss. I was not referred to the individual by, nor do I have any business, family, or social relationship with any employee of ClearCaptions.			
PROFESSIONAL'S SIGNATURE _____		DATE _____	
ClearCaptions Customer Information		IMPORTANT: PLEASE COMPLETE ALL FIELDS	
NAME			
STREET ADDRESS			
CITY		STATE	ZIP
PHONE NUMBER (Include area code)			
PHONE NUMBER USED FOR ENSEMBLE (if different from above)			
HOW DID YOU FIND OUT ABOUT THIS OFFER?			

ENSEMBLE SERIAL NUMBER (ESN)

*Professional Certification Requirements: A third-party professional is a person trained to evaluate a person's hearing loss and holds applicable professional qualifications. Examples include: Physician, Audiologist or other health related professionals.