

## APPRENTICE SUPERVISOR'S AFFIDAVIT

The application for an apprentice permit shall be accompanied by the affidavit of a person duly licensed and qualified to fit and dispense hearing instruments in the State of Texas. The accompanying affidavit shall state that the applicant, if granted an apprentice permit, will be indirectly supervised by the affiant in all work done by the applicant under such apprentice permit, the affiant will notify the committee within ten days following the applicant's terminating of supervision by affiant.

It shall be the responsibility of each holder of a license, apprentice permit, or certificate of endorsement under this Act to be familiar with and to avoid commission of any acts regarded as unethical practices by the Act. Full responsibility for the ethical conduct of an apprentice permit holder shall rest with the license holder who has agreed to be the permit holder's supervisor; provided, however, that such supervisor may relieve him/herself of such responsibility by discharging the holder of the apprentice permit, together with a letter explaining fully the circumstances under which the apprentice permit holder was separated from supervision.

The apprentice permit holder shall give written notice to the executive director of the transfer of supervision within 10 working days of change in supervisor.

I do hereby affirm that I am the holder of a valid, unrevoked, unsuspended license under Texas Occupations Code, Chapter 402, or Texas Occupations Code, Chapter 401. 311 or 401.312 and that I have read the above excerpts and that I fully understand my responsibilities as supervisor of the applicant who will work and train under my indirect supervision and for whose technical training and ethical conduct I am to be responsible.

I further affirm that I have read the application of the above named person and that to the best of my knowledge all information is true and correct.

Applicant's Name: \_\_\_\_\_

Supervisor's Name (printed): \_\_\_\_\_ License #: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business City, State, and Zip: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Supervisor