



UTAH DEPARTMENT OF
HEALTH

Dear Audiologist,

Thank you for choosing to participate with the Hearing Aid Recycling Program (HARP), a collaboration between families, audiologists, and the Utah Department of Health to provide amplification for eligible children over six years of age. Please complete this form, along with the HARP Child Application and Family Financial Form, and return to the HARP office by email: jpedersen@utah.gov, fax: (801-536-0492), or mail: HARP, PO Box 144620, Salt Lake City, Utah 84114-4620. Once received, applications will be reviewed and you will be notified if the patient is eligible to participate in this program.

Audiologist Name: _____ Agency: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Child's Name: _____ Date of Birth: _____
Last First Middle

- I attest that I am a licensed audiologist and have the expertise and tools to properly fit hearing aids on infants and young children.
- I agree to follow best practice for fitting amplification on infants and young children, including real-ear measurements.
The *Utah Recommended Audiological Assessment and Amplification Protocol* is available at www.infanthearing.org/stateguidelines/Utah/ut_audiology_protocols.doc or by calling 801-273-6600.
- I agree to provide to UDOH real-ear measurements from the initial fitting obtained either via probe microphone or measured RECDs with S-REM.
- If/when these hearing aids are no longer appropriate for this patient, I agree to return them to the Utah Department of Health, Hearing Aid Recycling Program.
- **I have enclosed a current audiogram, as well as a statement as to why current amplification is no longer appropriate (if applicable), and medical clearance for hearing aid(s).**

Signature: _____ Date: _____