

NEW MEMBER APPLICATION - PSP MEMBERS ONLY



Please Note: This application will be reviewed by the PSP Review Committee within one week of your application submission being received. You will receive a confirmation email with the membership application status once the committee has reviewed this information.

PSP Applicant Information:

Applicant Name: _____ Degree(s): _____

Contact Phone: _____ Email Address: _____

Profession: Audiologist Physician Other:
Position within PSP Company: Officer Employee Other:

PSP Additional Member Application Information:

Applicant Name: _____ Degree(s): _____

Contact Phone: _____ Email Address: _____

Profession: Audiologist Physician Other:
Position within PSP Company: Officer Employee Other:

PSP Company Information:

PSP Company Name: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal: _____

Website: _____

How will the NHCA Logo be displayed? Website Letterhead Advertising Materials Other

Services Offered: Mobile Hearing Testing Noise Surveys CAOHC Training
 Company Educational Training in Hearing Conservation Professional Supervisor (COAHC)
 Hearing Conservation Program Evaluations Other: _____

Application Submission Checklist:

REQUIRED: New PSP Applicants MUST provide two letters of recommendation from clients or other PSP Members (PSP Members cannot be part of the review committee.)

***If you do not have a company website you must provide a sample of the following. Please send to: nhcaoffice@hearingconservation.org or fax to 303-458-0002**

- Letterhead
- Advertising Materials/Brochures
- Professionals on staff: Audiologist Physician CAOHC Technician Administrators
 Other: _____
- Manual Audiometric Test Technique is within the ANSI/ASA S3.21-2004 (R2009) guidelines
- Audiometric Test Environment meets or exceeds OSHA requirements: YES NO
- With the exception of an Audiologist or Physician, does your company require audiometer operators (manual or micro) to be CAOHC certified? YES NO
- Does the review of audiometric data require an Audiologist or Physician to review STS's and other problem losses?
 YES NO

Payment Information (Note: Your payment will not be processed until the PSP Review Committee has approved your application)

Visa MasterCard AMEX Check

CC #: _____ CVC Code: _____ Expiration Date: _____

CC Billing Address: _____ Cardholder Signature: _____

If accepted for membership in NHCA, I agree to abide by the NHCA Code of Ethics: _____