

# 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](mailto: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: \_\_\_\_\_ Signature and Date