

This form must be signed by an independent third-party professional who is qualified to evaluate your hearing loss and certify that you require captioning support in order to use the telephone.

WHO CAN SIGN?

Your audiologist, physician/PA/NP, Veteran Service Officer, or other qualified hearing health professional.

INSTRUCTIONS

- ① Fill in section **A** with CapTel User's information
- ② Certifying Professional fills out section **B** (including signature and date)
- ③ Submit Form - **By Email:** Register@CapTel.com **By Fax:** (608) 238-3008

By Mail: CapTel, Inc. 450 Science Drive Madison, Wisconsin 53711

OR - Give to your Outreach Educator - contact information is below

Once the form is received, we'll contact you to schedule a free installation or delivery

A. CAPTEL USER INFORMATION (please print)

Name:	Phone Number:		
Address:			Apt#:
City:	ST:	Zip:	
Email:	Preference (if any): <input type="checkbox"/> 840i <input type="checkbox"/> 880i <input type="checkbox"/> 2400i		

B. CERTIFYING PROFESSIONAL (please print)

Name:	Title:
Business Name:	Phone Number:
<small>(please specify)</small> <input type="checkbox"/> Physician/PA/NP <input type="checkbox"/> Audiologist <input type="checkbox"/> Gov. Program or Veteran Service Officer <input type="checkbox"/> Hearing Health Professional	
Address:	SUITE #:
City:	ST: Zip:
Email:	

I certify under penalty of perjury the following: (i) the IP-CTS User is an individual with hearing loss that necessitates use of captioned telephone service; (ii) I understand that the captioning on captioned telephone service is provided by a live communications assistant and is funded through a federal program; (iii) I have not been offered or provided any direct or indirect incentive (financial or otherwise) tied to this consumer's decision to use the service and I have not been referred to the applicant by a TRS provider or its affiliates; (iv) I do not have a business, family, or social relationship with the TRS provider or its affiliates and (v) no joint marketing arrangement exists between myself/my organization and the TRS provider or its affiliates, and I have not made, nor do I have the opportunity to make, a profit on the sale of IP-CTS equipment to consumers.

Signature _____ **Date** _____

This certification applies to IP-CTS (Internet-based) CapTel models only. Not applicable for non-Internet phone models, i.e. CapTel 840. **Per FCC requirements:** Before captions feature can be activated, IP-CTS users must register by providing their name, contact information, birth date, and last four digits of their social security number. Per FCC regulations, all user information is kept confidential.

Internal use: NCWEB
Provider: SPRINT

Questions?
Contact Registration Help at 1-877-202-9578