



## **HEARING AID AUDIOLOGY SOCIETY OF AUSTRALIA**

### **Supervision Declaration of Completion Form**

**HEARING AID AUDIOLOGY SOCIETY OF AUSTRALIA LTD**  
**SUPERVISION DECLARATION OF COMPLETION**

I, .....(name of Supervisor) being the  
Supervisor for ..... (name of Supervisee) under an  
HAASA Supervision Agreement, state that I have supervised  
..... (name of Supervisee) within the HAASA supervisory guidelines.

Period of supervision from .....to.....

I declare that .....has now obtained the Proficiency Level  
encompassing the Standards of Practice of HAASA and has completed the required supervision  
thereafter under my guidance and the requirements for the HAASA Associate Supervision Table,  
and should be granted Full Membership of the Society.

Signed ..... (**Supervisor**)

Full Name (Print).....

Date .....

**In the presence of:**

Signed ..... (**Witness**)

Full Name (Print).....

Date .....

(Witness should not be the Supervisee)