

NORTH DAKOTA STATE BOARD  
OF EXAMINERS FOR  
HEARING INSTRUMENT SPECIALISTS

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Trainee Log

Trainee Name: \_\_\_\_\_

Date Trainee Permit Issued: \_\_\_\_\_

Date & Time:	Hours of Contact:	Phone Contact:	Direct Contact:	Brief Summary of Training:

NORTH DAKOTA STATE BOARD  
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[illegible]

Trainee Name: \_\_\_\_\_