



DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona

Douglas A. Ducey
Governor

Michael Traylor
Director

**Arizona Early Intervention Program
Otoacoustic Emission (OAE) Machine User Acknowledgment**

AzEIP Contractor Name: _____

AzEIP Region(s) Served: _____

By initialing and signing below, I am acknowledging that:

_____ I understand that all OAE screenings performed for children under the age of two must be reported to the Arizona Department of Health Services (ADHS) by the sixth day of the subsequent week using the Hearing Screening Tracking form (GCI-1084) and Consent to Share Early Intervention records (GCI-1040), per Arizona Administrative Code R9-13-207.

_____ I acknowledge that I have successfully completed an approved hearing screening course and hold a valid certificate to conduct hearing screenings.

_____ I acknowledge that I have been oriented to utilize the OAE machine(s) issued by ADES/AZEIP.

_____ I agree to use, store, care, maintain the OAE machine in accordance with manufacturer's instruction manual. I will notify ADES/AZEIP of any issues or problems with the OAE machine.

_____ I acknowledge that OAE machines must be calibrated annually to ensure the accuracy of the machine's readings.

Printed Name

Hearing Screening Certificate Date of Expiration

Signature

Date