



CERTIFICATION OF HEARING/SPEECH/ PHYSICAL IMPAIRMENT

ND Telecommunications Equipment Distribution Service

Please return form to ND Assistive:

By Mail: ND Assistive/TEDS – 3240 15h St. S, Ste. B - Fargo, ND - 58104

By Email: teds@ndassistive.org

By Fax: 701-365-6242

This certification must be completed by one of the following:

- Certified Audiologist
- Licensed Educator
- Medical/Health Professional
- School for the deaf and/or blind
- Specialist in Deaf/Blindness
- Speech Pathologist
- Vision Professional
- Vocational Rehabilitation Counselor

Date Examined: _____

Applicant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ DOB: _____

I have examined the person named above on the date shown and have found them to possess a communication impairment* significant enough to be considered (check appropriate spaces):

- deaf
- severely hearing impaired
- severely speech impaired
- severely physically impaired due to:
 - vision dexterity mobility loss

**A communication impairment, as it relates to the TEDS program, is defined as unable to use a telephone readily purchased from a retail store.*

I certify that, in my opinion, the person named above requires special telecommunication devices to gain access to a telephone system.

Certifier's Name and Title (please print): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Certifier's Signature

Please feel free to provide any comments or suggestions on equipment or diagnosis on a separate page.