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Audiometry Nurses Association of Australia Inc.

Application for accreditation as a Clinical Advisor in Audiometry Nursing 2022

Applicant	
Name:	
Address:	
Phone:	(H)(W)
Mobile:	
Email: (pleas	e print clearly)
I meet the cr Audiometry	iteria and wish to apply for accreditation with ANAA Inc. as a <i>Clinical Advisor in</i> Nursing
Signed:	
Manager:	
I, (name & p	osition)
Of (Local He	ealth District name)
Verify that (a	applicants name)
audiometry r	iteria and is supported by the service to attend the Clinical Advisor's workshop for nurses to be held via Skype for Business on Wednesday the 13th October 2pm to nen present a case study at the ANAA Inc. conference 21st October .
Signed:	Date:
	Please send Clinical Advisor application before the 1 st September to: -
	Kate.Norton@health.nsw.gov.au