SUPPLEMENTAL APPLICATION
NEBRASKA SPECIALIZED TELECOMMUNICATIONS EQUIPMENT PROGRAM - TACTILE RING SIGNALER/TTY AND LARGE VISUAL DISPLAY OR /TELEBRAILLER

PROFESSIONAL CERTIFICATION

(to be completed by certifier)

❑**Tactile Ring Signaler Certification:**

In my capacity as a professional with experience in the evaluation of vision disabilities, I certify that, due to severe visual and hearing impairments, the above applicant could not benefit from the use of an audible or a visual ring signaler. However, the applicant may benefit from the use of a tactile ring signaler.

❑**TTY And Large Visual Display Or / Telebrailler (Circle One) Certification:**

In my capacity as a professional with experience in the evaluation of vision disabilities, I certify that, due to severe visual impairment, the above applicant could not benefit from the use of a TTY with standard display. However, the applicant may benefit from the use of a TTY equipped with a Large Visual Display (LVD) or a Telebrailler.

The recommended color of display lens is: (check one)

❑AMBER	❑LAVENDER	❑ROSE-RED
❑BLUE LENS	❑ORANGE-RED	❑VIOLET
❑BLUE-GREEN LENS	❑PINK	❑YELLOW LENS
❑GREEN	❑RED	

Please Print

NAME OF APPLICANT: _____

NAME OF CERTIFIER: _____

TITLE: _____

NAME OF AGENCY:_____

ADDRESS:_____

CITY/STATE/ZIP: _____

TELEPHONE #: _____

CERTIFIER'S SIGNATURE:_____

DATE: _____

SUPPLEMENTAL APPLICATION
NEBRASKA SPECIALIZED TELECOMMUNICATIONS EQUIPMENT PROGRAM - OTHER DEAF/BLIND DEVICE

PROFESSIONAL CERTIFICATION

(to be completed by certifier)

In my capacity as a professional with experience in the evaluation of vision and hearing disabilities, I certify that, due to severe visual and hearing impairments, the above applicant could benefit from the use of a device specifically designed for Deaf/Blind communications.

Please Print

NAME OF APPLICANT: _____

NAME OF CERTIFIER: _____

TITLE: _____

NAME OF AGENCY:_____

ADDRESS:_____

CITY/STATE/ZIP: _____

TELEPHONE #: _____

CERTIFIER'S SIGNATURE:_____

DATE: _____

SHORT DESCRIPTION OF DEAF/BLIND DEVICE AND HOW IT FUNCTIONS:

_____
_____
_____
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