



## APPLICATION FOR PROSPECTIVE BUYERS

1. Name
2. Mailing Address
  
3. Country
4. Phone #
5. FAX #
6. Email Address
  
7. What are your credentials?
  - a. Otolaryngologist
  - b. Audiologist
  - c. Speech Therapist
  - d. Deaf Educator
  - e. Other MD
  - f. Other \_\_\_\_\_
  
8. What is the name of the organization you represent?
  
9. In what countries does your organization work?
  
10. Who in your organization will be responsible for distributing the hearing aids?
  
11. What are their credentials
  - a. Otolaryngologist
  - b. Audiologist
  - c. Speech Therapist
  - d. Deaf Educator
  - e. Other MD
  - f. Other \_\_\_\_\_



12. Which of the following best describes your organization
- a. U.S. NGO working abroad with tax exempt 501(c)3 status
  - b. U.S. NGO working abroad
  - c. Non U.S. NGO
  - d. Faith based organization
  - e. Individual
  - f. Other \_\_\_\_\_
13. Briefly describe your activities
14. How do you determine who will be receiving these hearing aids?
15. How long has your organization (or you) been working in the above-referenced country?
- a. < 2 yrs
  - b. 2- 5 yrs
  - c. 5- 10 yrs
  - d. >10 yrs
16. How will the hearing aids be distributed? (e.g. on a mission trip, by a local audiologist, etc.)?
17. If you currently dispense hearing aids, how do you get them?
18. Are there other options for people to purchase hearing aids in the areas you work?
- a. Yes
  - b. No
- If yes, what are the barriers prohibiting the people you serve from accessing these services? How do your recipients differ from those served by the existing distribution network? Please be as specific as possible.



19. How do you provide and replenish the hearing aid batteries?
20. How often do you (or other members of your organization) travel to the country to conduct follow up?
- a. We have an established clinic / person in country
  - b. >3 times per year
  - c. 1-3 times per year
  - d. Annually
  - e. Other \_\_\_\_\_

Please provide 3 letters of recommendation. Each letter of recommendation should include information about your program and include the name of the Organization in the subject line. At least one of these letters should be from a colleague in the country in which the HA will be distributed. Please provide mailing addresses, telephone numbers and email addresses each of these references.

Reference #1:

- a) Name:
- b) Mailing Address:
- c) Country
- d) Phone#
- e) FAX#
- f) Email Address

Reference #2:

- a) Name:
- b) Mailing Address:
- c) Country
- d) Phone#
- e) FAX#
- f) Email Address

Reference #3:

- a) Name:
- b) Mailing Address:
- c) Country
- d) Phone#
- e) FAX#
- f) Email Address



## LETTER OF AGREEMENT

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

Organization: \_\_\_\_\_

Country in which hearing aids will be distributed: \_\_\_\_\_

In accordance with the guidelines of the International Humanitarian Hearing Aid Purchasing Program (IHHAPP), I agree not to sell the hearing aids purchased through the IHHAPP to the recipient for greater than the purchase price of the hearing aid (including shipping and duty taxes calculated per unit).

Should this guideline be violated I understand that membership in the IHHAPP will be revoked.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

*month*      *day*      *year*



**Please send completed application and references to**

**IHHAPP**

**P.O. Box 75449**

**Oklahoma City, OK 73147**

**Or scan and forward to [Application@ihhapp.org](mailto:Application@ihhapp.org)**

### **Optional Survey Questions**

***We are interested in learning more about our members. Please tell us:***

How did you hear about IHHAPP?

What types of earmolds are used for the hearing aids?

Which diagnostic audiological tests are administered prior to the hearing aid fitting?

What, if any, hearing aid verification measures are used?

What types of medical personnel are involved with caring for hearing impaired patients?

Are there audiologists or audiometric technicians in the country in which you are working?