

**NSTEP SUPPLEMENTAL APPLICATION**  
**TTY AND LARGE VISUAL DISPLAY OR TELEBRAILLER**

**PROFESSIONAL CERTIFICATION**

*(To be completed by certifier)*

**SELECT ONE:**    TTY And Large Visual Display /    Telebrailler:

In my capacity as a professional with experience in the evaluation of vision disabilities, I certify that, due to severe visual disability, 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**  
**BLUE LENS**  
**BLUE-GREEN LENS**  
**GREEN**

**LAVENDER**  
**ORANGE-RED**  
**PINK**  
**RED**

**ROSE-RED**  
**VIOLET**  
**YELLOW LENS**

*Please Print*

**NAME OF APPLICANT:** \_\_\_\_\_

**NAME OF CERTIFIER:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**NAME OF AGENCY:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY/STATE/ZIP:** \_\_\_\_\_

**TELEPHONE #:** \_\_\_\_\_

**CERTIFIER'S SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

## NSTEP SUPPLEMENTAL APPLICATION OTHER DEAF/BLIND DEVICE

<b>PROFESSIONAL CERTIFICATION</b> <i>(To be completed by certifier)</i>
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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 disabilities, the above applicant could benefit from the use of a device specifically designed for Deaf/Blind communications.

El ..... P. ....

Please Print

NAME OF APPLICANT \_\_\_\_\_

NAME OF CERTIFIER \_\_\_\_\_

**TITLE** \_\_\_\_\_

NAME OF AGENCY \_\_\_\_\_

## APPENDIX

[illegible]