

\*\*\*FOR OFFICE USE ONLY\*\*\*

**Board of Hring. Aid Dlr. Checklist**

- Endorsement       Examination
- HAD                       HAT
- App. & Fee
- Date: \_\_\_\_\_ Check \_\_\_\_\_
- Practical Exam
- Driver's License/State ID
- Diploma or GED
- Exam Results from IHS (HAD Only)
- Supervisor Statement Form
- Lic. Verification from other States



\*\*\*FOR OFFICE USE ONLY\*\*\*

Application Approved:
License Number:
Issue Date:
Temp. Permit #:
Issue Date:
Signature of Board Administrator
ID#:
Receipt #:

**Rhode Island  
Board of Hearing Aid Dealers & Fitters**

Room 104  
3 Capitol Hill  
Providence, RI 02908-5097

***Instructions and Application For***

License # \_\_\_\_\_

Name \_\_\_\_\_

- Hearing Aid Dealer/Fitter License
- Hearing Aid Dealer/Fitter Temporary Permit
- Endorsement**       **Examination**  
(From Another State)

**MILITARY STATUS ELIGIBILITY**

*(Documentation Required)  
see next page for instructions*

Please check ONE of the following criteria for expedited application:

- I am in active military duty or a reservist
- I am a military veteran with honorable discharge
- I am the spouse of someone in active military duty or the spouse of a reservist

*Applicant - Print Name*

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*LAST NAME*

*FIRST NAME*

*MI*

**Phone: (401) 222-2828**

**TTY/TDD: (800) 745-5555**

**Fax: (401) 222-1272**

# LICENSURE REQUIREMENTS

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- Completed Application with Cover Page - Applications are valid for 1 year from the day they are received at RIDOH. If you are not licensed within the year you must submit a new application.
- Check or money order (preferred), made payable (in U.S. funds only) to the RI General Treasurer in the amount of **\$25.00** and attached to the upper left-hand corner of the first (Top) page of the application. THIS APPLICATION FEE IS NONREFUNDABLE.
- A copy of a driver's license or state issued id.
- A completed official record of high school diploma or GED.
- Proof of successful completion of the National International Hearing Society (IHS) written exam administered by the Department/Board, OR if applicable Scores sent directly from the IHS to the Board.
- Successful completion of practical examination administered by the Board.
- If you have ever been licensed in another state, license verification(s) must be sent directly from the state(s) in which you hold or have held a license. (Interstate Verification Form included in this application can be used for that purpose)
- If applying for expedited military status you must include one of the following: Leave Earning Statement (LES), Letter from Command, Copy of Orders or DD-214 showing honorable discharge.

## Temporary Permit

If you wish to obtain a Temporary Permit in addition to the items listed above you must also submit a completed "Supervisor Statement for Temporary Permit Holder" (Form included in this application can be used for that purpose)

Please note you must be under supervision during the duration of your time as a temporary permit holder. If you are no longer under supervision or there is a change in supervisor, please notify the RI Dept. of Health at [DOH. Elicense@health.ri.gov](mailto:Ellicense@health.ri.gov).

## Licensure Information

Please visit the RIDOH website at <http://www.health.ri.gov/licenses> to Verify your license, download Rules and Regulations/Laws for your profession, download change of address forms, other licensing forms or obtain our contact information. HEALTH will not, for any reason, accelerate the processing of one applicant at the expense of others.

## License Certificates

RIDOH will be providing wallet license cards ONLY on issuance of licenses. If you wish to receive a license certificate, suitable for framing, please check the box below and attach a separate check in the amount of \$30.00 made payable to RI General Treasurer.

- I would like to receive a license certificate. I have enclosed a separate check in the amount of \$30.00



# State of Rhode Island

## Board of Hearing Aid Dealers & Fitters

### Application for License/Temporary Permit as a Hearing Aid Dealer & Fitter

*Refer to the Application Instructions when completing these forms. Type or block print only. Do not use felt-tip pens.*

#### 1. Name(s)

This is the name that will be printed on your License/Permit/Certificate and reported to those who inquire about your License/Permit/Certificate. Do not use nicknames, etc.

Title (i.e., Mr., Mrs., Ms., etc.)

First Name

Middle Name

Surname, (Last Name)

Suffix (i.e., Jr., Sr., II, III)

Maiden, if applicable

Name(s) under which originally licensed in another state, if different from above (First, Middle, Last).

#### 2. Social Security Number

 -  -    

U.S. Social Security Number

**"Pursuant to Title 5, Chapter 76, of the Rhode Island General Laws, as amended, I attest that I have filed all applicable tax returns and paid all taxes owed to the State of Rhode Island, and I understand that my Social Security Number (SSN) will be transmitted to the Division of Taxation to verify that no taxes are owed to the State."**

#### 3. Gender

 Male       Female

#### 4. Date of Birth

 /  /  

Month

Day

Year

#### 5. Home Address

It is your responsibility to notify the board of all address changes.

1st Line Address (Apartment/Suite/Room Number, etc.)

Second Line Address (Number and Street)

City

Country, if NOT U.S.

 -    

Home Phone

State

Zip Code

 -   

Postal Code, if NOT U.S.

 -   

Home Fax

Email Address (Format for email address is Username@domain e.g. applicant@isp.com)

#### 6. Business Address (ONLY if it is RELATED to your license.)

It is your responsibility to notify the board of all address changes.

***This address will appear on the Department of Health web site.***

Name of Business/Work Location

1st Line Address (Department/Suite/Room Number, etc.)

Second Line Address (Number and Street)

City

Country, if NOT U.S.

 -   

Business Phone

State

Zip Code

 -   

Postal Code, if NOT U.S.

 -   

Extension

Business Fax

<b>7. Preferred Mailing Address</b> Please check <u>ONE</u>	<input type="checkbox"/> Please use my <b>Home Address</b> as my preferred mailing address <input type="checkbox"/> Please use my <b>Business Address</b> as my preferred mailing address																																																																																																																																																																																																																																																																																																																																																																								
<b>8. Qualifying Education</b> Please list the name and information about the school that you attended that qualifies you for this license.	<table border="1"><tr><td colspan="30"></td></tr><tr><td colspan="30">Type of School (University, College, Technical School, High School, etc.)</td></tr><tr><td colspan="30"></td></tr><tr><td colspan="30">Name of School</td></tr><tr><td colspan="30"></td></tr><tr><td colspan="30">Date Graduated:</td></tr><tr><td colspan="10"></td><td colspan="5">Month</td><td colspan="5">Year</td><td colspan="10"></td></tr><tr><td colspan="30"></td></tr><tr><td colspan="30">Degree Received (Bachelor of Arts, Master of Science, Diploma, etc.)</td></tr><tr><td colspan="30"></td></tr><tr><td colspan="30">Major</td></tr><tr><td colspan="30"></td></tr></table>																															Type of School (University, College, Technical School, High School, etc.)																																																												Name of School																																																												Date Graduated:																																								Month					Year																																													Degree Received (Bachelor of Arts, Master of Science, Diploma, etc.)																																																												Major																																																											
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<b>9. Other State License(s)</b> Please answer the question and list state(s), if applicable	Have you ever held, or do you currently hold, a license in another state? <input type="checkbox"/> Yes <input type="checkbox"/> No  If the answer to this question is "yes", enter all other state licenses in Question 10 (below):																																																																																																																																																																																																																																																																																																																																																																								
<b>10. Licensure</b> List all states or countries in which you are now, or ever have been licensed to practice your profession.	<table border="0"><tr><td>State/Country:</td><td></td><td><input type="checkbox"/> Active</td><td><input type="checkbox"/> Inactive</td><td>State/Country:</td><td></td><td><input type="checkbox"/> Active</td><td><input type="checkbox"/> Inactive</td></tr><tr><td>_____</td><td></td><td></td><td></td><td>_____</td><td></td><td></td><td></td></tr><tr><td>_____</td><td></td><td></td><td></td><td>_____</td><td></td><td></td><td></td></tr><tr><td>_____</td><td></td><td></td><td></td><td>_____</td><td></td><td></td><td></td></tr></table>	State/Country:		<input type="checkbox"/> Active	<input type="checkbox"/> Inactive	State/Country:		<input type="checkbox"/> Active	<input type="checkbox"/> Inactive	_____				_____				_____				_____				_____				_____																																																																																																																																																																																																																																																																																																																																											
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<b>11. Criminal Convictions</b> Respond to the question at the top of the section, then list any criminal conviction(s) in the space provided.  If necessary, you may continue on a separate 8½ x 11 sheet of paper.	Have you ever been convicted of a violation, plead Nolo Contendere, or entered a plea bargain to any federal, state or local statute, regulation, or ordinance or are any formal charges pending? <input type="checkbox"/> Yes <input type="checkbox"/> No  Abbreviation of State and Conviction <sup>1</sup> (e.g. CA - Illegal Possession of a Controlled Substance): <table border="0"><tr><td>_____</td><td>Month</td><td>Year</td></tr><tr><td></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>_____</td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>_____</td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	_____	Month	Year		<input type="text"/>	<input type="text"/>	_____	<input type="text"/>	<input type="text"/>	_____	<input type="text"/>	<input type="text"/>																																																																																																																																																																																																																																																																																																																																																												
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<b>12. Disciplinary Questions</b> Check either Yes or No for each question.	1. Has any Health Professional license, certificate, registration, or permit you hold or have held, been disciplined or are formal charges pending? <input type="checkbox"/> Yes <input type="checkbox"/> No <hr/> 2. Have you ever been denied a license, certificate, registration or permit in any state? <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Note:</b> If you answer "Yes" to any question, you are <b>required</b> to furnish complete details, including date, place, reason and disposition of the matter, on a separate sheet of paper.																																																																																																																																																																																																																																																																																																																																																																								

**13. Affidavit of Applicant**

Complete this section and sign.

Make sure that you have completed all components accurately and completely.

I, \_\_\_\_\_, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents.

I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license/permit to practice as a Hearing Aid Dealer & Fitter in the State of Rhode Island.

I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Board of Hearing Aid Dealers & Fitters of any change in the answers to these questions after this application and this affidavit is signed.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Signature (MM/DD/YY)



# Rhode Island Board of Hearing Aid Dealers & Fitters

Room 104, 3 Capitol Hill  
Providence, RI 02908-5097  
(401) 222-2828

Substitute forms are not acceptable, copy this form as needed.

## INTERSTATE VERIFICATION FORM - OTHER STATE LICENSE(S)

I am applying for a license to practice as a Hearing Aid Dealer & Fitter in the State of Rhode Island. The Rhode Island Board of Hearing Aid Dealers & Fitters requires that the following form be completed by the jurisdiction(s) in which I hold or have held a license. This constitutes authority for you to release all information in your files, favorable or otherwise, directly to the Rhode Island Board of Hearing Aid Dealers & Fitters at the above address.

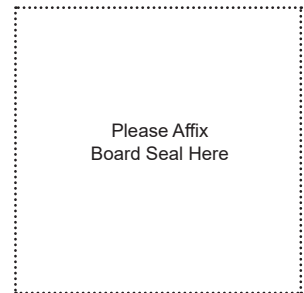
Print/Type Full Name _____	Signature _____	Date _____
Previous Names Used _____	Social Security Number _____	Date of Birth _____
License Number _____	Date Issued _____	

### THIS SECTION TO BE COMPLETED BY THE HEARING AID DEALER BOARD

Licensed by Examination? <input type="checkbox"/> Yes <input type="checkbox"/> No		Applicant has completed and passed the National Certification Exam: <input type="checkbox"/> Yes <input type="checkbox"/> No	
License Status: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed		Original Date Issued:	Expiration Date:
<p><b>Questions:</b></p> <p>1. Has this licensee ever been investigated by your Board? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>2. Has this licensee incurred any disciplinary proceedings in your state, or is any action pending? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>3. Has the applicant's license ever been denied, surrendered, reprimanded, suspended, revoked or placed on probation? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>4. Do you know of any information that may discredit this person? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>If you answer "Yes" to questions 1-4, please provide a written explanation below, and attach a copy of all supporting documentation (e.g., Board order, complaint, etc.).</p> <p>_____</p> <p>_____</p> <p>_____</p>			

### Certification:

Signature _____	Date _____
Type or Print Name _____	
Title _____	
Full Name of Licensing Board _____	



Please return directly to the Board at the above address. Thank you for your prompt cooperation.



# Rhode Island Board of Hearing Aid Dealers & Fitters

Room 104, 3 Capitol Hill  
Providence, RI 02908-5097  
(401) 222-2828

Substitute forms are not acceptable, copy this form as needed.

## SUPERVISOR STATEMENT FOR TEMPORARY PERMIT HOLDER

I am applying for a Temporary Permit to practice as a Hearing Aid Dealer & Fitter in the State of Rhode Island. The Rhode Island Board of Hearing Aid Dealers & Fitters requires that the following form be completed by my supervisor. This constitutes authority for you to release all information in your files, favorable or otherwise, directly to the Rhode Island Board of Hearing Aid Dealers & Fitters at the above address.

Print/Type Full Name

Signature

Date

Previous Names Used

Social Security Number

Date of Birth

### THIS SECTION TO BE COMPLETED BY THE HEARING AID DEALER SUPERVISOR

I \_\_\_\_\_, RI Licensed Hearing Aid Dealer (License Number **HAD** \_\_\_\_\_),

hereby state that I shall be responsible for the supervision and training of \_\_\_\_\_, as a temporary hearing aid dealer.

In addition, I shall be responsible for the documentation of required supervision and training, and the maintenance of adequate personal contact with the applicant.

Pursuant to Section 4.2 (a) of the "Rules and Regulations Related to the Licensure of Hearing Aid Dealers and Fitters"; at a minimum this supervision and training shall include:

- 1) Twenty (20) hours per week of direct supervision for the first thirty (30) days of training;
- 2) review of all audiograms, sales and other records for the second thirty (30) days of training; and
- 3) periodic review of audiograms, sales and other records for the remainder of the training period.

I understand that until such time as the above temporary hearing aid dealer has met all permit requirements pursuant to the rules and regulations, he/she is required to advise any potential purchasers that he/she is a temporary permit holder.

### Certification:

Signature

Date

Type or Print Name

Title

Please return directly to the Board at the above address. Thank you for your prompt cooperation.



## Rhode Island Department of Health Military Expedition Form

Please attach this form to the *front* of your completed application and mail to the address shown on the application cover.

Pursuant to Rhode Island General Laws § [5-88-1](#) et seq., upon application, this state may recognize occupational licenses, certificates or permits obtained from other states for military members and their spouses who relocate to this state pursuant to military orders. The Rhode Island Department of Health (RIDOH) will expedite your or your spouse's health professional license application provided the following conditions are met.

### I. PROFESSION/LICENSE TYPE

Please indicate the profession and/or license type you are applying for so that your application can be routed to the correct office:

Profession/License Type: \_\_\_\_\_

### II. MILITARY STATUS

Please check ONE of the following criteria for expedition:

I am in active military duty or a reservist.

I am the spouse of someone in active military duty or the spouse of a reservist.

I am a military veteran with honorable discharge. *You do not need to complete the rest of this application – please skip to the signature line.*

### III. PROOF OF MILITARY STATUS

Please attach a copy of proof of your military status such as one of the following: Leave Earning Statement (LES), Letter from Command, or Copy of Orders

### IV. MILITARY CHANGE OF STATION ORDER

Permanent Change of Station Order

### V. PROOF OF GOOD STANDING

Proof of good standing from the board in the other state in which the person has a license.

### VI. Criminal Background Check (a "BCI") (*unless required in the initial license application*)

BCI completed from the RI Attorney General's Office.

### VII. ATTESTATIONS:

Check all that apply:

No board in any other state has revoked the license for which I am applying as a result of negligence or intentional misconduct.

I have never surrendered an occupational license, certificate, or permit because of negligence or intentional misconduct.

I do not have a complaint, allegation, or investigation currently pending before a board in another state which relates to unprofessional conduct or an alleged crime.

I attest that the above responses and information are true and accurate to the best of my knowledge and that none of the information set forth above is false, erroneous, or defective in any important, as set forth in R.I. Gen. Laws § 11-18-1. I understand that this application is being made to the Rhode Island Department of Health, which shall rely upon my attestation and the information provided in this document.

Signature of Applicant

Date

*On a case-by-case basis RIDOH may grant a temporary license should the military member or spouse need additional time to complete education, training, and/or experience for the licensure in Rhode Island. RIDOH will contact the applicant directly should that be needed.*