

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

- 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)

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 State Zip Code

Country, If NOT U.S. Postal Code, If NOT U.S.

 - -

Home Phone 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 State Zip Code

Country, If NOT U.S. Postal Code, If NOT U.S.

 - -

Business Phone Extension Business Fax

7. Preferred Mailing Address
Please check ONE

Please use my **Home Address** as my preferred mailing address

Please use my **Business Address** as my preferred mailing address

8. Qualifying Education

Please list the name and information about the school that you attended that qualifies you for this license.

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

9. Other State License(s)

Please answer the question and list state(s), if applicable

Have you ever held, or do you currently hold, a license in another state? Yes No

If the answer to this question is "yes", enter all other state licenses in Question 10 (below):

10. Licensure

List all states or countries in which you are now, or ever have been licensed to practice your profession.

State/Country: _____	<input type="checkbox"/> Active <input type="checkbox"/> Inactive	State/Country: _____	<input type="checkbox"/> Active <input type="checkbox"/> Inactive
State/Country: _____	<input type="checkbox"/> Active <input type="checkbox"/> Inactive	State/Country: _____	<input type="checkbox"/> Active <input type="checkbox"/> Inactive
State/Country: _____	<input type="checkbox"/> Active <input type="checkbox"/> Inactive	State/Country: _____	<input type="checkbox"/> Active <input type="checkbox"/> Inactive

11. Criminal Convictions

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? Yes No

Abbreviation of State and Conviction¹ (e.g. CA - Illegal Possession of a Controlled Substance):

Month Year

Month Year

Month Year

12. Disciplinary Questions

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? Yes No

2. Have you ever been denied a license, certificate, registration or permit in any state? Yes No

Note: If you answer "Yes" to any question, you are **required** 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: _____

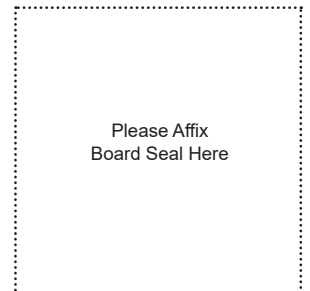
Questions:

- Has this licensee ever been investigated by your Board? Yes No
- Has this licensee incurred any disciplinary proceedings in your state, or is any action pending? Yes No
- Has the applicant's license ever been denied, surrendered, reprimanded, suspended, revoked or placed on probation? Yes No
- Do you know of any information that may discredit this person? Yes No

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.).

Certification:

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



Please Affix
Board Seal Here

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



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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.