



MARYLAND
Department of Health

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Acting Secretary

**Board of Examiners for Audiologists, Hearing Aid Dispensers,
Speech- Language Pathologists and Music Therapist**

Hearing Aid Dispenser – Limited License Renewal

Name: _____ License #: _____

Address: _____

Reason for Renewal of Limited License

Failed Examination

Failure to Sit for Examination

Other _____

A person who holds a Limited License to practice as a Hearing Aid Dispenser may renew the Limited License by remitting a check or money order in the amount of \$25.00 payable to the Board of AUD/HAD/SLP. The limited license renewal fee is non-refundable.

The time for which an individual may hold a Limited License shall not exceed two years.

The limited licensee is responsible for reporting to the Board in writing any change of name, address, supervisor or place of employment.

I understand that by signing this statement, the Limited License for which I am renewing will expire one year from the original date of approval. I further understand that I may not engage in the profession for which I have applied until such time that the Limited License has been issued.

Applicant Signature _____ Date _____

Board of AUD, HAD, SLP & MT 4201 Patterson Avenue, 3rd Floor, Baltimore, Maryland 21215

Board Phone Number – 410-764-4725 Board Fax Number – 410-358-0273

Board Web Site: <https://www.health.maryland.gov/boardsahs>