

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

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 submitting an on-line payment in the amount of \$25.00 by clicking this link: [Submit Payment](#) **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

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Board Email: mdh.boardofahsm@maryland.gov

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