

Hearing Aid Dispenser Limited License Checklist & Application

Please read all instructions on this checklist before completing and submitting this application. Upload your completed application with supporting documents using the online application.

Please Note: *If you have any questions or are unable to complete your application and/or exam online, for assistance with questions, obtaining a paper application, and/or an exam email MDH.BoardofAHSM@maryland.gov Note: If you are completing a paper application, you must return your application along with the required fee. Please make your check or money order payable to **The Board of Examiners for AHSM***

I. All applications require that the following items be received by the Board, prior to Board approval, (This includes the items in either section II or III):

___ \$150 Fee (via Online Payment)

___ A recent 2x2 passport size photo

___ Signed Application

___ Criminal History Records Check (must be received by CJIS before a license can be issued)

___ Completed Law and Regulation Examination (Requires a passing score of 75% or higher)

___ Official College transcript (must show completion of a two-year degree program)

___ Signed Privacy Act Form

___ Implicit Bias Training

***Note: Law and Regulations Examination**

To pass the open book examination, all applicants must score at least a 75. Applicants who submit their applications online will be sent a link to complete the required law exam electronically. To complete the examination, refer to the law and regulation reference number included with the question. Use the “laws (Statutes) & Regulations” link on the Board’s website located on the left side of the landing page in order to access the laws and regulations to answer the questions. Once in the “Laws and Regulations” section, the Laws are accessible through the link at the top of the page and the regulations (COMAR) are accessible through the link at the bottom of the page. The Law and Regulation Examination must be passed before a license can be issued.

****Note: Criminal History Record Check**

Effective October 1, 2016, initial licensure applicants must submit evidence to the Board, showing an application for a Criminal History Records Check (CHRC).

Information and forms regarding the required CHRC can be found by clicking on the Quick Links section on the Board's Forms page. The in-state (Maryland) pre-filled LiveScan Pre-Registration form is attached to this application to be printed and taken with you to have your fingerprints taken. This form contains our Board-specific codes and is the **ONLY** form that can be used to satisfy this requirement.

In-state applicants and out-of-state applicants near Maryland may go to an authorized fingerprinting location in Maryland. The CHRC resources page on the Board's website provides a link to the Department of Public Safety and Correctional Services' list of authorized fingerprinting locations.

An application for licensure will not be processed until the application is complete, which includes submitting a criminal history records fingerprint receipt.

Out-Of-State applicants can request a fingerprint card using the link below.

[Out-of-State Fingerprint Card Requests - Click Here](#)

Please note that the CHRC requirement is in addition to answering the disciplinary questions in the application. CHRC requirements must be satisfied before a license can be issued.

TOEFL Scores

English as a Second Language (ESL) applicants are required to have a minimum combined Test of English as a Foreign Language (TOEFL) score of at least 105 with at least a 26 in Speaking and Listening subtests within the previous two years from the date of application or at least 60 credits from an undergraduate college or university where English was the language of instruction throughout the applicant's inclusive dates of attendance. Please refer to COMAR 10.41.03.03

Continuing Education Requirement Notice

Continuing education is a requirement to renew a license. Continuing education requirements are prorated for most new licensees depending on the issuance date of the full license. Information regarding the number of continuing education units required to renew a license is provided to new licensees. This information can also be found on our website under the "Continuing Education" link.

The continuing education requirement for renewing an audiology license is 30 clock hours or 3 Continuing Education Units (CEUs), completed during the two calendar years preceding the expiration date of the license. **For example: A license expiring on January 31st, 2023, requires that 30 hours or 3.0 CEUs be completed between 2/1/21-1/31/23 for the February 1, 2023, renewal.**

Renewal of Limited License as a Hearing Aid Dispenser

If an individual that holds a limited license as a hearing aid dispenser is unable to obtain at least 6 months of supervised practice as a full-time limited licensee or obtain the specified months of supervised practice as a part-time limited licensee the individual may renew the limited license for an additional year.

The limited license renewal form and the \$25.00 renewal fee must be submitted at least 30 days prior to the expiration of the limited license. An individual with a renewed limited license is eligible for transfer to a full license provided the minimum number of supervised months has been completed prior to the expiration date of the second year of limited licensure.

If an individual fails to obtain the minimum of 6 months of supervision within the two years of limited licensure the individual must wait an additional year after the expiration of the renewed limited license before the individual can reapply for a limited license as a hearing aid dispenser.

[Renewal Application – Click Here](#)

Transfer of Limited License to Full License

Upon completion of Clinical training, and passing the HAD practical exam and IHS written exam, the Limited Licensee shall submit to the Board a Form HA5, Verification of Satisfactory Completion of Clinical Training, completed by the supervisor. If training was conducted in more than one setting, or under more than one supervisor, a separate Form HA5 must be submitted for each setting or supervisor.

Transfer of a limited license to a full license does not require submission of any other documents provided the licensure file is complete and the limited license is still valid and unexpired. A \$100 fee is required to complete the application for full licensure.

[Transfer to Full Application – Click Here](#)

Application Processing

Applications are processed continuously in the order in which they are received at the Board's office. Only completed applications are forwarded to the Board for approval. A complete application includes both the Maryland and FBI required CJIS-issued reports once received by the Board. Please note that CJIS will only discuss fingerprint report statuses with the applicant.

Note*** Some applications may require further Board review. These applications are processed after the Board has voted and decided at a Board meeting.

Notice of Administrative Closure of Application

Pursuant to COMAR 10.41.03.08 the Board may administratively close an application if the application remains incomplete for one (1) year after the application was received.

IHS Scores

The Board uses the International Hearing Society (IHS) exam as the written examination for licensure. Applicants must pass the exam with a minimum score of 71%. In order to qualify for a waiver of the written examination, the applicant shall have passed the IHS examination in another state and the practical exam is developed and administered by the Board. The Board will evaluate a practical examination given in another state to see if the applicant qualifies for a waiver of the practical examination.

MARYLAND DEPARTMENT OF HEALTH
BOARD OF EXAMINERS FOR AUDIOLOGISTS, HEARING AID DISPENSERS,
SPEECH-LANGUAGE PATHOLOGISTS & MUSIC THERAPISTS

4201 PATTERSON AVENUE * BALTIMORE, MARYLAND 21215-2299
* PHONE 410-764-4725 * FAX 410-358-0273 * TTY FOR DISABLED
MARYLAND RELAY SERVICE 1-800-735-2258

Application for Hearing Aid Dispenser
Limited License

Affix Current 2x2
Passport Size Photo

Date: _____

1. Name: _____
Last First Middle

2. Home Address: _____

City State Zip Code

3. Home Phone: _____ Alternate # _____ e-mail _____

4. Date of Birth: _____ Social Security #: _____

5. What is your first language? English Other _____

6. Sponsor: _____ License #: _____

7. Name of Firm: _____ Phone #: _____

Address: _____
Street City State Zip Code

Submission of an application is not a permit to work, even under a sponsor. You will be notified by mail when your application has been approved.

FOR OFFICE USE

Received _____ CK () MO () Number _____

CHRC Completed _____

8. EDUCATION

College Attended: _____

Address: _____
Street City State Zip Code

Dates Attended: _____ to _____

Degree granted _____ Date: _____

Have the college send an official transcript directly to the Maryland Board.

9. Have you ever been convicted of a felony or a misdemeanor involving moral turpitude?

Yes No If yes, write a full explanation on an attached sheet of paper.

10. Have you previously been licensed in Maryland?

If yes, License No.: _____ Date Expired: _____

Have you previously applied for a license to dispense hearing aids in the State of Maryland or in another state?

If yes, when? _____ Where? _____

2 Have you ever been denied a license to dispense hearing aids or has your license ever been suspended or revoked in the State of Maryland or any other state?

Yes _____ No If yes, write a full explanation on an attached sheet of paper.

List other states in which you are currently licensed _____

4 List any state in which you have previously been licensed _____

If you are now licensed in another state, or have been licensed in another state in the past, please include your full name on the **Hearing Aid Dispenser Licensure Affidavit** included with this application. Send the Hearing Aid Dispenser Licensure Affidavit to the state licensure board(s) and request the board(s) to return the completed form to the Board of Hearing Aid Dispensers, 4201 Patterson Avenue, Baltimore, Maryland 21215-2299 or send an email to monicah.wright@maryland.gov.

Attestation

I hereby affirm that I have read Sections 2-101 to 2-502 of Title 2 of the Health Occupations Article of the Annotated Code of Maryland and fully understand that in receiving a license from the Board, I bind myself to be governed by the Board.

I understand that in submitting this application that the accompanying fee is for administrative purposes and is not refundable. The fee includes the licensure fee.

The undersigned, herewith declares under the penalties of perjury: that he/she is the person who executed this application, that the statements herein contained are true to the best of his/her knowledge, that he/she has not suppressed any information that might affect this application, and that he/she has read and understands this affidavit.

Applicant's Signature _____ Date _____

Implicit Bias Training- By checking this box, I hereby attest that I have completed an Implicit Bias training program approved by the Office of Minority Health and Health Disparities under Article II § 17(c) of the Maryland Constitution, May 30, 2021.

In Accordance with Executive Order 01.01.10 3-1 , the Board is required to advise you as follows regarding the collection of personal information:

Personal information requested by the Board is necessary in determining your eligibility for licensure. Such personal information is also intended for use as an additional means of verifying the licensee's identity or to enable the Board to communicate, in a timely manner, with the licensee should the need arise. The licensee has a right to inspect his personal record and to amend or correct the personal data if necessary. our Social Security number (SS) is needed on the application. It will be used for identification purposes and may be released to the Department of Public Safety and Correctional Services to check for any criminal convictions.

Please be advised that the disclosure of your SS is mandatory in order to process your application. Any license application received at the Maryland Board of Examiners for Audiologist, Hearing Aid Dispensers, Speech-Language Pathologists, and Music Therapists without an SS will not be processed.

An application without an SS is considered incomplete.

The Board is required by federal and Maryland Law to collect this information for the following purposes:

Verification of identity with respect to final adverse actions related to your license or certificate (42 U.S.C. 1320a e(b)) Administration of the Child Support Enforcement Program (MD. Family Law Code Ann., 10-11 .3) Identification by the Maryland Department of Assessments and Taxation of new businesses in Maryland (MD. Health Occ. Code Ann., 1-210)

Accordingly, the Board, in order to meet all statutory requirements for the issuance of a license must have a valid Social Security number on file for every applicant/licensee

Revised June 2023

Race/Ethnic Identification

To further its commitment to equal access the Board of Examiners requests applicants to provide, voluntarily, the following information. This information will be used for statistical purposes only by authorized personnel.

Male Female Other _____

Race/Ethnic Identification – Please Check All That Apply

Are you of Hispanic or Latino origin? Yes No
(A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Select one or more of the following racial categories:

1. American Indian or Alaska Native (A person having origins in any of the original peoples of North or South America, including Central America, and who maintains tribal affiliations or community attachment.)
2. Asian (A person having origin in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
3. Black or African American (A person having origins in any of the black racial groups of Africa.)
4. Native Hawaiian or other Pacific Islander (A person having origins in the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
5. White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

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

**4201 PATTERSON AVENUE BALTIMORE, MARYLAND 21215-2299 PHONE
410-764-4725 FAX 410-358-0273
TTY FOR DISABLED- MARYLAND RELAY SERVICE 1-800-735-2258**

SPONSOR'S AFFIDAVIT

The Annotated code of Maryland: Health Occupations Article, Title 2, Section 2-310 (b) and (c) and COMAR 10.41.08.06 (b) provides:

No Limited License shall be issued by the Board under this section unless the applicant shows to the satisfaction of the Board that he/she is or will be supervised and trained by a person who holds a valid Hearing Aid Dispenser's License issued under this subtitle.

The holder of a limited license shall engage in the practice of fitting and dispensing hearing aids for 20 consecutive days under the direct and continuous supervision of a licensee. The licensee shall provide direct supervision subsequently for a minimum of 20 hours per month for 6 months.

I do hereby affirm that I am the holder of a valid, unrevoked, unsuspended Hearing Aid Dispenser license issued by the Board of Examiners for Audiologists, Hearing Aid Dispensers Speech-Language Pathologists and Music Therapists of the State of Maryland, and that I have read the above excerpts and that I fully understand my responsibilities as sponsor for the applicant named _____ who will work under my supervision and for whose technical training and ethical conduct I am to be responsible.

I further affirm that I have read the application of the above named person and that to the best of my knowledge all answers are true and correct.

Name of Firm: _____

Address: _____

Street City State Zip Code

Signature: _____ Date: _____

Print Name: _____ MD. HAD Lic. #: _____

The Certificate Must Be Displayed By The Sponsoring Hearing Aid Dispenser

Privacy Act Statement

This privacy act statement is located on the back of the [FD-258 fingerprint card](#).

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 03/30/2018

See Page 2 for Spanish translation.

Declaración de la Ley de Privacidad

Esta declaración de la ley de privacidad se encuentra al dorso del [FD-258 tarjeta de huellas digitales](#).

Autoridad: La adquisición, preservación, e intercambio de huellas digitales e información relevante por el FBI es autorizada en general bajo la 28 U.S.C. 534. Dependiendo de la naturaleza de su solicitud, la autoridad incluye estatutos federales, estatutos estatales de acuerdo con la Pub. L. 92-544, Órdenes Ejecutivas Presidenciales, y reglamentos federales. El proveer sus huellas digitales e información relevante es voluntario; sin embargo, la falta de hacerlo podría afectar la terminación o aprobación de su solicitud.

Propósito Principal: Ciertas determinaciones, tal como empleo, licencias, y autorizaciones de seguridad, podrían depender de las investigaciones de antecedentes basados en huellas digitales. Se les podría proveer sus huellas digitales e información relevante/ biométrica a la agencia empleadora, investigadora, o responsable de alguna manera, y/o al FBI con el propósito de comparar sus huellas digitales con otras huellas digitales encontradas en el sistema Next Generation Identification (NGI) del FBI, o su sistema sucesor (incluyendo los depósitos de huellas digitales latentes, criminales, y civiles) u otros registros disponibles de la agencia empleadora, investigadora, o responsable de alguna manera. El FBI podría retener sus huellas digitales e información relevante/biométrica en el NGI después de terminar esta solicitud y, mientras las mantengan, sus huellas digitales podrían continuar siendo comparadas con otras huellas digitales presentadas a o mantenidas por el NGI.

Usos Rutinarios: Durante el procesamiento de esta solicitud y mientras que sus huellas digitales e información relevante/biométrica permanezcan en el NGI, se podría divulgar su información de acuerdo a su consentimiento, y se podría divulgar sin su consentimiento de acuerdo a lo permitido por la Ley de Privacidad de 1974 y todos los Usos Rutinarios aplicables según puedan ser publicados en el Registro Federal, incluyendo los Usos Rutinarios para el sistema NGI y los Usos Rutinarios Generales del FBI. Los usos rutinarios incluyen, pero no se limitan a divulgación a: agencias empleadoras gubernamentales y no gubernamentales autorizadas responsables por emplear, contratar, licenciar, autorizaciones de seguridad, y otras determinaciones de aptitud; agencias de la ley locales, estatales, tribales, o federales; agencias de justicia penal; y agencias responsables por la seguridad nacional o seguridad pública.

A partir de 30/03/2018

Privacy Act Statement

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 03/30/2018

NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. ¹ These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or retained. ²
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record.
- If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
- If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council. ³

Updated 11/6/2019

I acknowledge receipt of the FBI Privacy Act Statement and Noncriminal Justice Applicant's Privacy Rights.

Print Name

Signature

Date

¹ Written notification includes electronic notification, but excludes oral notification. ² <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>
³ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).



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

**BOARD OF EXAMINERS FOR AUDIOLOGISTS, HEARING AID DISPENSERS,
SPEECH LANGUAGE PATHOLOGISTS & MUSIC THERAPISTS**

Criminal History Records Check- In Maryland

A full Criminal History Records Check (CHRC) is a requirement to obtain a license issued by the Maryland Board of Examiners for Audiologist, Hearing Aid Dispensers, Speech-Language Pathologist, and Music Therapist. This includes all initial licenses, transfers from limited to full licensure, all renewal licenses, and reinstatement or reactivation of licenses. Each individual only needs to complete the process once for this Board.

These instructions are for individuals who reside in Maryland or reside near Maryland. It is best to obtain fingerprints in Maryland. If it is not convenient to get fingerprinted in Maryland, please follow the procedures in the Out-of-State instructions.

The Department of Public Safety and Correctional Services (DPSCS), Criminal Justice Information System (CJIS) oversees Criminal History Records Checks. The CHRC is initiated by the applicant/Licensee being fingerprinted.

The following information is required for CJIS application processing:

CJIS Authorization #:	1600003672
FBI ORI #:	MD920528Z
Reason Fingerprinted:	Audiology License/ Audiology Assistant License Hearing Aid Dispense License Speech-Language Pathology License Speech-Language Pathology Assistant License Music Therapist License
Type of Check:	Governmental Licensing/Certification

Electronic Fingerprinting

It is best to have your fingerprints taken electronically in the State of Maryland. Electronic Fingerprinting is available at CJIS- approved private providers, most Maryland MVA locations and most local law enforcement offices.

Please note that the cost of fingerprinting services from private providers may vary. The total fee must be paid to the provider and the cost is borne by the applicant for initial licensure and renewal candidates. Private providers in Maryland do not accept cash or money orders.

For additional information regarding fingerprinting in Maryland please contact CJIS via telephone at 410-764-4501, 1-888-795-0011 (toll free), or via their website at: <https://www.dpscs.state.md.us/publicservs/fingerprint.shtml>

Applicants for Initial Licensure, Reinstatement, or Reactivation

Effective October 1, 2016, all initial applicants for full or limited licensure in Maryland will be required to submit fingerprints. All applicants for reinstatement or reactivation who have not previously fulfilled this requirement must submit fingerprints. **This is a requirement of the application process and cannot be waived for any reason.** An initial license will not be issued unless proof of the CHRC is on file with the Board.

Maryland residents and individuals who reside near Maryland may have fingerprints taken prior to mailing an application to the Board. Applicants must print and use this pre-filled form that is specific to this Board (<https://health.maryland.gov/boardsahs/Documents/audLiveScan.pdf>).

Print this LiveScan Pre-Registration Application and take it to the fingerprinting location in Maryland.

If you are unable to use this pre-filled form, you must have the CJIS authorization number and FBI ORI# to ensure that the required reports are issued to the Board. Please note that this information is specific to this Board. This information is listed on the first page of this notice and can also be found on the homepage of the Board's website.

After your fingerprints are taken, you will be given a receipt for payment that includes a tracking number; this number is unique to you. Include a copy of the receipt with the tracking number when submitting the initial application to the Board. Hand-write the professional license you are applying for and specify either "full" or "limited" license.

Once the results of the background check are received by the Board, the application process will be completed in accordance with the Board's regulations and policies.

Renewal Applicants

Individuals who obtained a full license before October 1, 2016 will be required to submit evidence of the CHRC to the Board prior to the issuance of a renewal license. Additional information has been provided to renewal applicants via e-mail.

General Information

Pursuant to federal law, a CHRC is only effective for one purpose. Accordingly, any prior fingerprinting and criminal history records check was only good for the educational institution, employer, licensing entity, etc., for which it was completed.

When getting fingerprinted please ensure that the fingerprint operator spells your name correctly and that the correct FBI OIR and CJIS Authorization numbers are used both on your application and inputted electronically into the system. You will have the opportunity to verify your information.

A list of private providers that have electronic fingerprinting services are provided on the State of Maryland's Department of Public Safety & Correctional Services Website. Click below for immediate access to fingerprinting locations in Maryland. <https://www.dpscs.state.md.us/publicservs/fingerprint.shtml>

You are advised to call ahead to make sure the provider is open and has the October 1, 2016, software update.

Please do not call the Board's offices for an update on a background check. The background check is completed by a separate state agency. The Board do not have control over the amount of time it may take to complete the check. If you have not received the results of your CHRC after 30 days, please contact CJIS directly at 410-764-4501.

Please refer to §2-303.1 Criminal History Record Checks of the Maryland Board of Examiners for Audiologists, Hearing Aid Dispensers, Speech-Language Pathologists, & Music Therapists for a full description of the requirements.



LIVESCAN PRE-REGISTRATION APPLICATION

APPLICANT INFORMATION

Please type or print legibly.

Name:					
Date of Birth:		Social Security Number:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Height: ft. in.	Weight: lbs.	Eye Color:		Hair Color:	
Race/Ethnicity: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other					
Place of Birth:			Citizenship:		
Street Address:					
City:				State:	Zip Code:
Phone Number:		Driver's License Number:		Email Address:	

REASON FOR REQUEST

INDIVIDUAL

Please select one of the following:

- Gold Seal/Adoption (Enter Authorization Number if applicable) _____
- Gold Seal/Letter/VISA
- Immigration/VISA
- Individual Challenge
- Individual Review
- Attorney/Client (Written Authorization Required)

Mailing Information:

Name:			
Street Address:			
City:		State:	Zip Code:

AGENCY

Please select from the following (*ORI Required):

- | | | |
|---|---|---|
| <input type="checkbox"/> Adult Dependent Care | <input type="checkbox"/> Government Employment* | <input type="checkbox"/> Private Party Petition** |
| <input type="checkbox"/> Child Care* | <input type="checkbox"/> Government Licensing or Certification* | <input type="checkbox"/> Public Housing |
| <input type="checkbox"/> Criminal Justice* | <input type="checkbox"/> Maryland State Police Licensing* | |

Agency Authorization Number:		
*ORI Number:		
**Position Applied:		



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

***BOARD OF EXAMINERS FOR AUDIOLOGISTS, HEARING AID DISPENSERS,
SPEECH LANGUAGE PATHOLOGISTS & MUSIC THERAPISTS***

Criminal History Records Check- Out-of-State

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CJIS Authorization #:	1600003672
FBI ORI #:	MD920528Z
Reason Fingerprinted:	Audiology License/ Audiology Assistant License Hearing Aid Dispense License Speech-Language Pathology License Speech-Language Pathology Assistant License Music Therapist License
Type of Check:	Governmental Licensing/Certification

Electronic Fingerprinting

It is best to have your fingerprints taken electronically in the State of Maryland. Electronic Fingerprinting is available at CJIS- approved private providers, most Maryland MVA locations and most local law enforcement offices. If you are able to complete the fingerprint process in Maryland, follow the procedure in the In-State instructions.

In order to comply with the CHRC requirement and to not delay the issuance of a license, please abide by these instructions. Please note that it may take-up to five (5) weeks for CJIS to issue the required report to the Board.

Out-of-state residents may use a location outside the State of Maryland but must use the CJIS fingerprint card that has preprinted Board-specific information.

To request an Out-of- State Fingerprint card, please click on the link below.

[Out-of-State Fingerprint Card Request](#)

Applicants for an initial license should request a fingerprint card at least six (6) weeks in advance of the anticipated date that licensure is required. License renewal candidates should request a fingerprint card no later than April 15th to ensure sufficient time to complete the process and complete the online renewal process. These time frames assumes that an individual mails the fingerprint card to Maryland CJIS within a week of receiving the fingerprint card and having the fingerprints taken.

Once the fingerprint process is complete you must mail the fingerprint card to the following address with a check for \$31.25. Checks are payable to: **CJIS Central Repository**. The address is:

**CJIS Central Repository
PO Box 32708
Pikesville, MD 21282-2708**

Make a copy of the fingerprinting receipt with the tracking number that was issued to you to the address below. Legibly print your full name and profession on the copy that will be mailed to the Board (included with the application for licensure). Mail a receipt to:

**Maryland Board of AHSM
Attn: Background Check
4201 Patterson Ave, 3rd Fl
Baltimore, MD 21215**

Initial licensure applicants: Once the results of your background check are received, the application process will be completed in accordance with the Board's regulations and policies

Renewal applicants: once the results of your background check are received, the Board will make the necessary changes to allow access to the online renewal process within 48 hours (notice will be provided via e-mail).

Please note that the cost of fingerprinting services from private providers may vary. The total fee must be paid to the provider and the cost is borne by the applicant for initial licensure and renewal candidates. Private providers in Maryland do not accept cash or money orders.

For additional information regarding fingerprinting in Maryland please contact CJIS via telephone at 410-764-4501, 1-888-795-0011 (toll free), or via their website at:

<https://www.dpscs.state.md.us/publicservs/fingerprint.shtml>

Effective October 1, 2016, all initial applicants for full or limited licensure in Maryland will be required to submit fingerprints. All applicants for reinstatement or reactivation who have not previously fulfilled this requirement must submit fingerprints. **This is a requirement of the application process and cannot be waived for any reason.** An initial license will not be issued unless proof of the CHRC is on file with the Board.

General Information

Pursuant to federal law, a CHRC is only effective for one purpose. Accordingly, any prior fingerprinting and criminal history records check was only good for the educational institution, employer, licensing entity, etc., for which it was completed.

When getting fingerprinted please ensure that the fingerprint operator spells your name correctly and that the correct FBI OIR and CJIS Authorization numbers are used both on your application and inputted correctly into the system. You will have the opportunity to verify your information.

Please do not call the Board's offices for an update on a background check. The background check is completed by a separate state agency. The Board do not have control over the amount of time it may take to complete the check. If you have not received the results of your CHRC after 30 days, please contact CJIS directly at 410-764-4501.

Please refer to §2-303.1 Criminal History Record Checks of the Maryland Board of Examiners for Audiologists, Hearing Aid Dispensers, Speech-Language Pathologists, & Music Therapists for a full description of the requirements.

FORM HA5

Maryland Department of Health
**Board of Examiners for Audiologists, Hearing Aid Dispensers,
Speech-Language Pathologists and Music Therapists**
4201 Patterson Avenue
Baltimore, Maryland 21215-2299
Phone 410-764-4725 * Fax 410-358-0273 * TTY/ Maryland Relay Service 1-800-735-2258

Verification of Completion of Required Clinical Hours

The limited licensee must submit the Form HA5 to the Board when the licensee has completed the required 6 months of clinical training with 20 consecutive days engaging in the practice of fitting and dispensing hearing aids while under at least 20 hours per month of direct supervision.

Applicant (Please Type or Print)

Name: _____
Last First Middle/Maiden

Address: _____
Street Apt. #

City State Zip Code

Phone: _____ E-Mail: _____

Supervising Hearing Aid Dispenser

Name: _____
Last First Middle/Maiden

Address: _____
Facility or Company Name

Street Suite #

City State Zip Code

Phone #: _____ E-Mail: _____

I verify that, _____, a Hearing Aid Dispenser Limited Applicant under my supervision has completed 20 consecutive days engaging in the practice of fitting and dispensing hearing aids while under at least 20 hours per month of my direct supervision.

Week	From (mm/dd/yyyy)	To (mm/dd/yyyy)	Fitting & Dispensing Hours
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
		Grand Total Hours:	

Signature of Supervisor: _____ Date: _____

Supervisor: (check one of the following)

Holds MD License in Hearing Aid Dispensing, License # _____

Holds Licensure in HAD in State of _____, License # _____



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

Maryland Department of Health
**Board of Examiners for Audiologist, Hearing Aid Dispensers,
Speech-Language Pathologist and Music Therapist**
4201 Patterson Avenue, 3rd Floor
Baltimore, MD 21215
Phone – 410-764-4725 Fax 410-358-0273
Maryland Relay Service 1-800-735-2258

Public Information Act (PIA) Form

When you applied for a license to practice audiology, hearing dispensing, speech-language pathology or music therapy, the application included your official mailing address to be used by the Board to send all mail.

Under the Public Information Act the public is granted access, or can be denied access, to records. This notice is to inform you that your name and address is on a mailing roster and is available to the public for purchase. Please complete this form and return it to the Board. If you do not return this form, you are giving the Board permission to keep your name and mailing address on the roster.

_____ Yes, keep my name and mailing address private from the public roster for sale.

_____ No, do not keep my name and mailing address private from the public roster for sale.

Print Name

License Type

License Number

Signature

Date