APPLICATION FOR HEARING AID DISPENSER EXAMINATION
OR
HEARING AID DISPENSER LIMITED LICENSE AND EXAMINATION

CHECKLIST

______  $150.00 for limited license and examination is nonrefundable-check or money order payable: Board of HAD

______  $100.00 for written examination is nonrefundable- check or money order payable: Board of HAD

______  A recent 2x2 passport size photo

______  Complete signed application (If the application is incomplete it will be returned)

______  Application notarized

______  Official college transcript showing completion of a 2 year degree program
Request the college to send the transcript to: Board of HAD, DHMH
4201 Patterson Avenue, Baltimore, Maryland 21215-2299

______  Proof of Completion of the International Hearing Society curriculum entitled
“Distance Learning for Professionals in Hearing Health Sciences” before taking the
Hearing Aid Dispensing Examination

______  Law examination

Please Note: To pass the open book examination, all applicants must score at least 75. You can download the examination from the Board’s web site at
www.mdboardaudhadslp.org. Use the Forms Link to download a copy of the law examination. To complete the examination refer to the law and regulation
reference number included with the questions. To get the correct answer use
the Law and Regulation Links on the web site. If you do not have access to a
computer, call the Board office to request a copy of the examination and
the law and regulations. A license will NOT be issued unless the law
examination is passed.

Revised 10/08
HEARING AID DISPENSER APPLICATION

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. Sponsor: __________________________________      License #: ________________________

6. 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 _________________

Revised 10/08
7. 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.*

8. 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.

9. Have you previously been licensed in Maryland?

   If yes, License No.: _______________________ Date Expired: ______________________

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

    If yes, when? ___________________________ Where? _______________________

11. 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.

12. List other states in which you are currently licensed _____ _____ _____ _____ _____ _____

13. List any state in which you have previously been licensed _____ _____ _____ _____ _____

14. 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.
15. Have this affidavit completed by a Notary Public

I do hereby request an examination for the purpose of testing my competency in hearing aid fitting and dispensing, at such time and place as the Board may designate.

I further 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 them.

I understand that in submitting this application that the accompanying fee is for administrative purposes and is not refundable. Fee includes licensure fee if examination is successfully completed.

STATE OF ____________________________ CITY OR COUNTY OF _______________________

The undersigned, being duly sworn deposes and says 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 read and understands this affidavit.

_______________________________________    _______________________________________
Signature of Applicant              Signature of Notary

Subscribed and sworn to before this ___________ day of __________________________

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In accordance with Executive Order 01.01.1093-18, 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.

Your Social Security number 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.
SPONSOR’S AFFIDAVIT

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

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 and Speech-Language Pathologists 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
HEARING AID DISPENSER LICENSURE AFFIDAVIT

An application for licensure as a Hearing Aid Dispenser has been filed with the Maryland Board of Examiners for Audiologists, Hearing Aid Dispensers and Speech-Language Pathologists by

________________________________________________________________________________

The Maryland Board may issue a license to an applicant who holds a current, unsuspended and unrevoked certificate or license to sell or fit hearing aids in another state or jurisdiction if it has requirements equivalent to or higher than those in effect in Maryland.

1. Licensed in your State? Yes ______ No ______

2. Did applicant take the written examination prepared by the National Institute for Hearing Instrument Studies? Yes ______ No ______

   If not, did applicant take a written examination Yes ______ No ______

   Written examination consisted of: ____________________________________________________

   Grade: ____________________

   Practical Examination consisted of: ___________________________________________________ 

   Grade: ____________________

3. Is License current: Yes ______ No ______ If not, why ______________________

4. Has License ever been revoked or suspended? Yes ______ No ______ 

   If yes, why ____________________________________________________________________

5. Does your state require continuing education hours for license renewal? 

   Yes _____ No _____ If yes, hours required _____________________________________________

Signature: ________________________________  Date: _________________________________

Title: _______________________  Name of Board ______________________________________

State of ___________

Please enclose a copy of the State’s Law and Regulations for Hearing Aid Dispensers