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

CHECKLIST

_____ $150.00 for limited license and practical examination is due with the limited license application. This fee is nonrefundable and payable by check or money order to: Board of HAD

_____ $100.00 to transfer from HAD limited license to HAD full license is due once BOTH written and practical exams have been passed. This is a nonrefundable fee and payable by check or money order to: 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.health.maryland.gov/boardsahs. 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. A license will NOT be issued unless the law examination is passed.

Revised September, 2020
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 September, 2020
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. Have this affidavit completed by a Notary Public.

Revised September, 2020
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