

**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

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.

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 _____

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.

**BOARD OF EXAMINERS FOR AUDIOLOGISTS, HEARING AID DISPENSERS
AND SPEECH-LANGUAGE PATHOLOGISTS
4201 PATTERSON AVENUE BALTIMORE, MARYLAND 21215-2299
PHONE 410-764-4725 FAX 410-358-0273**

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