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

MARYLAND DEPARTMENT OF HEALTH 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 * TTY FOR DISABLED MARYLAND RELAY SERVICE 1-800-735-2258

HEA	ARING AID DIS	SPENSER APF	PLICATION	
Date:				Affix Current 2x2 Passport Size Photo
1. Name:				
Last	First		Middle	
2. Home Address:				
City	State	State Zip Cod		<u> </u>
3. Home Phone:	Alter	Alternate # e-mail		
4. Date of Birth:		Social Security	#:	
5. Sponsor:		Licen	se #:	
6. Name of Firm:	Phone #:			
Address:				
Address: Street	City	State	Zip Co	ode
Submission of an applica by mail when your applica	ation has been app		ler a sponsor. You	u will be notified
Received		CK () MO	() Number	

Revised September, 2020

7. EDUCATION

College Attended:			
Address:			
Street	City	State	Zip Code
Dates Attended:	_to		
Degree granted	Γ	Date:	
Have the college send an	official transcript direc	ctly to the Maryland E	Board.
8. Have you ever been con	victed of a felony or a m	nisdemeanor involving	moral turpitude?
YesNo	If yes, write a full of	explanation on an attac	ched sheet of paper.
9. Have you previously bec	en licensed in Maryland	?	
If yes, License No.:	Σ	Oate 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 o	denied a license to disper	nse hearing aids or ha	s your license ever been
suspended or revoked in th	e State of Maryland or a	any other state?	
YesNoIf y	es, write a full explanati	on on an attached shee	et of paper.
12. List other states in w	hich you are currently lic	censed	
13. List any state in which	ch you have previously b	een 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	TE OFCITY OR COUNTY OF		
application, that the statements herein cor	ses and says that he/she is the person who executed this ntained are true to the best of his/her knowledge, that n that might affect this application and that he/she read and		
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.

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

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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				
for whose tee	chnical training		who will work use am to be responsible.	under my supervision and
		ad the application of re true and correct.	the above named pers	son and that to the best of
Name of firm	n:			
Address:				
	Street	City	State	Zip Code
Signature:			Date:	
Print Name:			MD. HAD	Lic. #:

The Certificate Must Be Displayed By The Sponsoring Hearing Aid Dispenser

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