



**Board for Hearing Aid Specialists and Opticians**  
**HEARING AID SPECIALIST TEMPORARY PERMIT APPLICATION**  
**Fee \$125.00**

⇒ Attached is a completed Hearing Aid Temporary Permit Sponsor Training & Experience Agreement.

A check or money order payable to the **TREASURER OF VIRGINIA**,  
 or a completed [credit card insert](#) must be mailed with your application package.  
**APPLICATION FEES ARE NOT REFUNDABLE.**

1. Do you have a current or expired **temporary permit** issued by the Virginia Board for Hearing Aid Specialists and Opticians?  
 No   
 Yes  If yes, you are not eligible to receive another Virginia Hearing Aid Specialist Temporary Permit.

2. Full Legal Name (As it appears on your government issued ID or other legal documentation.)

\_\_\_\_\_ Last (required) \_\_\_\_\_ First (required) \_\_\_\_\_ Middle \_\_\_\_\_ Generation \_\_\_\_\_

3. Provide at least **one** of the following identification numbers\*:

**Social Security Number** and/or \_\_\_\_\_ - \_\_\_\_\_

**Virginia** DMV Control Number \_\_\_\_\_

➤ Enter the same identification number as used on examination, previous applications or licenses on file with the department.

\* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the **Virginia** Department of Motor Vehicles.

4. Date of Birth \_\_\_\_\_ (Must be at least 18 years of age.)  
MM/DD/YYYY

5. Maiden Name or Former Surname(s) \_\_\_\_\_

6. Mailing Address (PO Box accepted) \_\_\_\_\_

The mailing address will be printed on the license.

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

7. Street Address (PO Box not accepted) \_\_\_\_\_

**PHYSICAL ADDRESS REQUIRED**

Check here if Street Address is the same as the Mailing Address listed above.

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

8. Contact Numbers \_\_\_\_\_

\_\_\_\_\_ Primary Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_ Fax \_\_\_\_\_

9. Email Address \_\_\_\_\_

Email address is considered a public record and will be disclosed upon request from a third party.

10. Have you completed high school or a high school equivalency course?

No  If no, you are not eligible to receive a Virginia Hearing Aid Specialist Temporary Permit.

Yes  If yes, attach proof of successful completion of high school or high school equivalency course.

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
			1020		2102	

11. Do you have an expired Hearing Aid Specialist License issued by the Virginia Board for Hearing Aid Specialists and Opticians?  
 No   
 Yes  VA Hearing Aid Specialist No. \_\_\_\_\_ Expiration Date \_\_\_\_\_
12. Hearing Aid Specialist Sponsor:  
 A. Name \_\_\_\_\_  
     Last First Middle Generation  
 B. Virginia License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 C. Business Address/Mailing Address \_\_\_\_\_  
     (PO Box accepted)  
     City State Zip Code
13. Have you ever been subject to a **disciplinary action** taken by any (including Virginia) local, state or national regulatory body?  
 No   
 Yes  If yes, complete the [Disciplinary Action Reporting Form](#).
14. Have you ever been convicted in any jurisdiction of a **misdemeanor and/or felony**? *Any guilty plea or plea of nolo contendere must be disclosed on this application. Do not disclose violations that were adjudicated as a minor in the juvenile court system.*  
 No   
 Yes  If yes, complete the [Criminal Conviction Reporting Form](#).

**Consent to Suits**

By signing this application, you acknowledge that if you are not a Virginia resident, or move outside of Virginia while you hold a *Virginia Hearing Aid Specialist License*, you understand that this application serves as a written power of attorney, whereby you appoint the Director of the Department of Professional and Occupational Regulation, and his/her successors in office, to be your true and lawful agent and attorney-in-fact, in your stead, upon whom all legal process against and notice to you may be served and who is hereby authorized to enter an appearance on your behalf in any case or proceedings arising out of the trade or profession practiced; and that by submitting this application you hereby agree that any lawful process against you which is duly served on said agent and attorney-in-fact shall be of the same legal force and validity as if served upon you.

15. By signing this application, I certify the following statements:
- I am aware that submitting false information or omitting pertinent or material information in connection with this application will delay processing and may lead to license revocation or denial of license.
  - I will notify the Board of any changes to the information provided in this application prior to receiving the requested license, certification, or registration including, but not limited to any disciplinary action or conviction of a felony or misdemeanor (in any jurisdiction).
  - I authorize the Department to verify information concerning me or any statement in this application from any person, or any source the department may contact. I also agree to present any credentials or documents required or requested by the Department.
  - I authorize any federal, state or local government agency, current or former employer, or other individual or business to release information which may be required for a background investigation.
  - I have read, understand and complied with all the laws of Virginia related to this profession under the provisions of Title 54.1, Chapter 15, of the *Code of Virginia* and the *Virginia Board for Hearing Aid Specialists and Opticians; Hearing Aid Specialist Regulations*.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

*(Hearing Aid Temporary Permit Sponsor Training & Experience Agreement to follow.)*

**Board for Hearing Aid Specialists and Opticians**  
**HEARING AID TEMPORARY PERMIT SPONSOR TRAINING & EXPERIENCE AGREEMENT**

The purpose of this Agreement is to establish the obligations of all parties participating in the Virginia Board for Hearing Aid Specialists Temporary Permit Training Program. Both the Temporary Permit Applicant/Holder and Licensed Sponsor are expected to read and comply with the Board's Regulations in its entirety. Portions of the Board's Regulations that specifically apply to the responsibilities of the Temporary Permit Holder and the Licensed Sponsor related to training and experience follow. Please note there are additional qualification requirements.

**18VAC80-20-40. Qualifications for a temporary permit:**

**18VAC80-20-40.A.** Any individual may apply for a temporary permit which is to be used solely for the purpose of gaining the training and experience required to become a licensed hearing aid specialist in Virginia. The licensed sponsor shall be identified on the application for a temporary permit and the licensed sponsor shall comply strictly with the provisions of subdivision 2 of this subsection.

**18VAC80-20-40.A.1.** A temporary permit shall be issued for a period of 12 months and may be extended once for not longer than six months. After a period of 18 months an extension is no longer possible and the former temporary permit holder shall sit for the examination in accordance with this section.

**18VAC80-20-40.B.** The licensed hearing aid specialist who agrees to sponsor the applicant for a temporary permit shall certify on the Hearing Aid Specialist Temporary Permit Application that as a sponsor he/she:

1. Assumes full responsibility for the competence and proper conduct of the temporary permit holder with regard to all acts performed pursuant to the acquisition of training and experience in the fitting and dealing of hearing aids;
2. Will not assign the temporary permit holder to carry out independent field work without on-site direct supervision by the sponsor until the temporary permit holder is adequately trained for such activity;
3. Will personally provide and make available documentation, upon request by the board or its representative, showing the number of hours that direct supervision has occurred throughout the period of the temporary permit; and
4. Will return the temporary permit to the department should the training program be discontinued for any reason. By affixed signatures, the parties named below acknowledge that they have read and agree to comply with the Virginia Board for Hearing Aid Specialists and Opticians Regulations and all requirements, terms and conditions as established in the *Virginia Board for Hearing Aid Specialist Temporary Permit Sponsor Training Standards*.

\_\_\_\_\_  
Name of Temporary Permit Applicant

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Temporary Permit Applicant

License No. \_\_\_\_\_

\_\_\_\_\_  
Name of Licensed Hearing Aid Sponsor

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Licensed Hearing Aid Sponsor

\_\_\_\_\_  
Name of Licensed Hearing Aid Business Owner

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Licensed Hearing Aid Business Owner