



**Board for Hearing Aid Specialists
 HEARING AID SPECIALIST LICENSE APPLICATION**

➔ Applicants requesting a TEMPORARY PERMIT must also submit a *Hearing Aid Specialist Temporary Permit Application* and a *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 available at <http://www.dpor.virginia.gov/dporweb/forms/fin/creditcard.pdf> must be mailed with your application package.
APPLICATION FEES ARE NOT REFUNDABLE.

Select the method of licensure you are using on this application. Select only one.

| Licensure... | Trans | Fee | X |
|--|-------|-----------|--------------------------|
| Of a physician licensed to practice in Virginia and certified by the American Board of Otolaryngology or eligible for such certification | 1010 | \$30.00 | <input type="checkbox"/> |
| By reciprocity | 1012 | *\$140.00 | <input type="checkbox"/> |
| By examination | 1010 | *\$140.00 | <input type="checkbox"/> |
| * Includes \$110.00 Examination Fee | | | |

➔ Have you passed the International Licensing Examination for the Hearing Instrument Dispenser (ILE)?

- No
 Yes If yes, attach a copy of your current ILE certificate.

1. Have you ever held a Hearing Aid Specialist License issued by the Virginia Board for Hearing Aid Specialists?

- No
 Yes * VA Hearing Aid Specialist License Number 2101 Expiration Date _____
 * If yes and your license expired more than 30 days ago, but less than 2 years ago, you are required to **reinstate** your Virginia Hearing Aid Specialist License by completing a *Hearing Aid Specialist License Reinstatement Application*. DO NOT COMPLETE THIS LICENSE APPLICATION.
 * If yes and your license expired 2 or more years ago, you are required to re-apply for licensure on this application.

2. Name _____ n/a
Last First Middle Generation

3. Social Security Number or Virginia DMV Control Number * - -
 * 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 _____

5. Maiden Name or Former Surname(s) _____

6. Street Address (PO Box not accepted) _____
PHYSICAL ADDRESS REQUIRED _____

City State Zip Code

7. Mailing Address (PO Box accepted) _____

City State Zip Code

8. E-mail Address _____

9. Contact Numbers _____
Primary Telephone Alternate Telephone Facsimile

| FOR OFFICE USE ONLY | DATE | FEE | TRANS CODE | ENTITY # | APPLICATION # | FILE# / LICENSE # | ISSUE DATE |
|---------------------|------|-----|------------|----------|---------------|-------------------|------------|
| | | | | | | 2101 | |

10. Current Employer's Name _____
 11. Current Employer's Address _____

City State Zip Code

12. Are you a physician who is licensed to practice in Virginia AND certified or eligible to be certified by the American Board of Otolaryngology?
 No
 Yes If yes, attach a copy of your Virginia license and American Board of Otolaryngology certificate. Skip to question #15.

13. Do you have a current or expired Hearing Aid Specialist Temporary Permit issued by the Virginia Board for Hearing Aid Specialists?
 No If no, attach a certified copy of a transcript of courses completed at an accredited college or university, or other notarized documentation of completion of the required experience and training
 Yes VA Hearing Aid Specialist Permit Number 2102 Expiration Date _____
 ◆ If yes, attach a completed *Hearing Aid Specialist Training & Experience Form*.

14. Are you an audiologist who is licensed to practice in Virginia?
 No
 Yes If yes, attach a copy of your Virginia license. Virginia licensed audiologists are exempt from the Audiometric Testing and Speech Audiometry sections of the examination.

15. Do you have a current or expired hearing aid specialist license, certification or registration from another state?
 No
 Yes If yes, list all the licenses, certificates and registrations in the following table **and** attach a Certification of Licensure/Letter of Good Standing, dated within the last 60 days from each state.

| State/Jurisdiction | Did you pass a practical exam? | License, Certification or Registration No. | Expiration Date |
|--------------------|---|--|-----------------|
| | No <input type="checkbox"/> Yes* <input type="checkbox"/> | | |
| | No <input type="checkbox"/> Yes* <input type="checkbox"/> | | |
| | No <input type="checkbox"/> Yes* <input type="checkbox"/> | | |

* If yes, list the state and date of exam. _____

16. Have you ever been subject to a disciplinary action imposed by any (including Virginia) local, state or national regulatory body?
 No
 Yes If yes, please provide a certified copy of the final order, decree or case decision by a court or regulatory agency with lawful authority to issue such order, decree or case decision.

17. Have you ever been convicted in any jurisdiction of **any felony or misdemeanor**? *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, list the misdemeanor and/or felony conviction(s). Attach your original criminal history record; a certified copy of the final order, decree, or case decision by a court or regulatory agency with lawful authority to issue such order, decree, or case decision; and any other information you wish to have considered with this application (e.g., information on the status of incarceration, parole or probation; reference letters; documentation of rehabilitation). If additional space is needed, attach a separate sheet of paper.

Certified copies of court records may be obtained by writing to the Clerk of the Court in the jurisdiction in which you were convicted. The address is available from your local police department.
Original criminal history records may be obtained by contacting the state police in the jurisdiction in which you were convicted. Virginia residents must complete a criminal history record request form in the presence of a notary public and mail it to the Department of State Police, Central Criminal Records Exchange, Post Office Box 27472, Richmond, VA 23261-7472.

18. Professional hearing aid-related experience (see regulation 18 VAC 80-20-30) – you are also required to **attach proof of successful completion of high school or high school equivalency course.**

| DATES | | Employer's Name & Address | Description of Duties | Supervisor's Name & Title |
|-------|----|---------------------------|-----------------------|---------------------------|
| From | To | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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 in 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.

19. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the Board's decision to approve this application. I certify that I will notify the Department if I am subject to a disciplinary action or convicted of any felony or misdemeanor charges (in any jurisdiction) prior to receiving the requested license. I certify that I understand and have complied with all the laws of Virginia related to hearing aid specialist licensure under the provisions of Title 54.1, Chapter 15, of the *Code of Virginia*, and the *Virginia Board for Hearing Aid Specialists Regulations*.

Signature _____ Date _____