

5. Date of Birth _____ (Must be at least 18 years of age.)

MM/DD/YYYY

6. Maiden Name or Former Surname(s) _____

7. Mailing Address (PO Box accepted) _____

The mailing address will be printed on the license.

City _____ State _____ Zip Code _____

8. 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 _____

9. Contact Numbers _____

Primary Telephone

Alternate Telephone

Fax

10. Email Address _____

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

11. Are you currently working in the professional field of a Hearing Aid Specialist?

No

Yes If yes, provide the following information for the current employer:

Current Employer's Name _____

Current Employer's Address _____

City _____ State _____ Zip Code _____

12. 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. ***A Certification of Licensure/Letter of Good Standing*** must be submitted directly from the state board/regulatory body directly to the Board section, 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 the exam: _____

- ◆ Certifications of Licensure/Letter of Good Standing, prepared by the state board or regulatory body must include: 1) the license/certification/registration number; 2) the initial date of licensure; 3) the expiration date of the license or renewal fee; 4) the means of obtaining licensure (i.e. exam, reciprocity, etc.) and the minimum requirement that were met to qualify for licensure; and 5) all closed disciplinary actions resulting in a violation or undetermined finding.

13. A. Are you a Virginia licensed physician and certified by the American Board of Otolaryngology or eligible for such certification?

No

Yes If yes, attach a copy of your Virginia license and certification from the American Board of Otolaryngology or documentation showing eligibility from the American Board of Otolaryngology.

- A Physician licensed to practice in Virginia and certified by the American Board of Otolaryngology or eligible for such certification shall not be required to pass an examination. **Skip to question #17.**

B. Are you a Virginia licensed audiologist **and** who has earned a doctoral degree in audiology?

No

Yes If yes, attach a copy of your Virginia license and a transcript showing evidence of the doctoral degree.

➤ All Virginia licensed audiologist who have earned a doctoral degree in audiology are not required to pass an examination. **Skip to Question #17.**

14. Are you a Virginia licensed audiologist (without a doctoral degree)?

No

Yes If yes, attach a copy of your Virginia license.

➤ In accordance with Board policy, Virginia licensed audiologist are not required to take the Audiometric Testing and Speech Audiometry sections of the examination.

15. Do you have a current or expired Hearing Aid Specialist Temporary Permit issued by the Virginia Board for Hearing Aid Specialists and Opticians?

No If no, attach a certified copy of a transcript showing courses completed at an accredited college/university, or other notarized documentation of completion of the required experience and training.

Yes If yes, provide your Virginia Hearing Aid Specialist Temporary Permit number and attach a completed Hearing Aid Specialist Training & Experience Form.

Temporary Permit No. _____

Expiration Date _____

16. List below your professional hearing aid-related experience (see regulation 18VAC80-20-30):

Date		Employer's Name & Address	Description of Duties	Supervisor's Name & Title
From	To			

17. 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](#).

18. A. Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **felony**? *Any plea of nolo contendere shall be considered a conviction.*

No

Yes If yes, complete the [Criminal Conviction Reporting Form](#).

B. Have you been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **misdemeanor** (non-marijuana drug distribution)?

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.

19. 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*.

Signature _____ Date _____