Commonwealth of Virginia
Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400
Richmond, Virginia 23233-1485
(804) 367-8509



www.dpor.virginia.gov

Board for Hearing Aid Specialists and Opticians HEARING AID SPECIALIST - UNIVERSAL LICENSE APPLICATION

DPOR may require an individual seeking a professional or occupational licensure or government certification pursuant to the Code of Virginia, §54.1-205 to pass an examination specific to relevant state laws.

A check or money order payable to the <u>TREASURER OF VIRGINIA</u>, or a completed <u>credit card insert</u> must be mailed with your application package.

APPLICATION FEES ARE NOT REFUNDABLE.

Select **one** license type you are requesting:

		X			License Type		Trans	Fee	
	2101 - Licensed Hearing Aid Specialist							\$215.00	
			2101 - Unli	icensed Hearing A	Aid Specialist - Univer	1010	\$215.00		
1.	Have you eve Opticians?	r he		ing Aid Specia	alist License issu	ed by the Virginia E	Board fo	r Hearing	Aid Specialists and
2.	Full Legal Nan	ne ((As it appea	ars on your gove	ernment issued ID o	or other legal documer	tation.)		
	Last (required)			First	(required)	Middle			Generation
3.	Social Second S	e <i>curi</i> DMV me ide	Control Nu entification nur every applica	r and/or umber mber as used on exant for a license, cert	tificate, registration or otl	ications or licenses on file vertications or licenses on file vertication to engage the rissued by the Virginia D	in a busine	ss, trade, prof	ession or occupation issued eles.
4.	Date of Birth		MM/DD/Y		lust be at least 18	years of age.)			
5.	Maiden Name	or F	ormer Nar	me(s)					
6.		ng add	O Box aco dress will be e license.	, ,	City			State	e Zip Code
7.	Street Address PHYSICA	`) Box <u>not</u> DRESS REC	. ,	Check here if S	treet Address is the <u>same</u> a	s the Mailin	g Address liste	ed above.
					City			State	Zip Code
8.	Contact Numb	ers		Primary Telepho	ne	Alternate Telephone			
9.	Email Address			Timidiy Tolopho		ratemate receptions			
				Email address i	is considered a public	record and will be disclo	sed upon	request from	ı a third party.
OFFICE	DATE		FEE	TRANS CODE	ENTITY#	FILE	#/LICENSE #		ISSUE DATE
USE ONLY						2101			

10.	App	licants who hole	d a <u>current</u> license/certificate	e :			
	A.	No 🗌	current (non-Virginia) licens If no, skip to question #11.			pard or governmen	t entity?
		Yes	If yes, have you held this lice No	ot qualify for the Unive	•	u may apply using	the Board's
	B.	Did your curre	ent state or your state of origi	nal licensure/certificatio	n require you to p	oass an examinatio	on?
		No 🗌	If no, you do not qualify fapplication.	or the Universal licens	se. You may ap	ply using the Bo	ard's license
		Yes	If yes, did that state recrequirements to obtain this line. No If no, you do license applic	icense/certificate? not qualify for the Univ	•	-	•
	C.	state, territory A <i>Certification</i> Board for Hear	Yes following table and include possession, or jurisdiction of ficensure/Letter of Good St fing Aid Specialist & Opticians	of the United States. anding must be emailed	from the state box	ard/regulatory body	directly to the
		each jurisdictio		License, Certification or	Did you pass	- · · · · · · · · ·	
			State/Jurisdiction	Registration Number	an examination?	Expiration Date	
					Yes		
					Yes		
					Yes		
					Yes		
					Yes		
					Yes		
1	registra exam,	ntion number; 2) ti	re/Letter of Good Standing, prepa the initial date of licensure; 3) the e and the minimum requirement that finding.	expiration date of the license	or renewal date; 4)	the means of obtaining	g licensure (i.e.
	D.	Do you have application? No Yes	any unresolved complaints	· ·	,	·	ubmitted this
Chin	40		If yes, please give a brief de	scription of this compia	invpending inves	tigation:	
<u>экір</u> і	io qu	<u>estion #12.</u>					

11.	For	applicant	s who do not hold a current	license or certificate.										
	A. Do you work in a state, or jurisdiction of the United States (other than Virginia) that does <u>not regular</u> profession?													
		No	If no, you do not qua application.	se. You may app	y apply using the Board's license									
		Yes	ime. You may app	oly using the										
	B. Have you ever passed an examination for this profession in any state or territory of the United States No If no, you <u>will</u> be required to take the Virginia examination upon the Board's re													
			application.	·	T the board's lev	iew or your								
		Yes		wing information about the e	xamination:									
			State/Jurisdiction:		Date of Exa									
	(MM/YYYY) Required Documentation: Attach a copy of a certificate or other documentation showing successful completic National/Board-approved examination.													
	C.	List all t	the state or jurisdiction of the	United States where you have	e practiced this profession:									
			State/Jurisdiction	Profession/Occupation	Date Employ									
			State/Junsuiction	Fiolession/Occupation	Start (MM/YY)	Finished (MM/YY)								
	*Show a minimum of 3 years of employment.													
D. An Experience Verification Form must be complete and submitted along with this application. Is one a														
		No	Yes			P. C								
			Experience Verification Form			• •								
12.	Have you ever been subject to a disciplinary action taken by <u>any</u> (including Virginia) local, state or national regulator body? This includes but is not limited to any monetary penalties, fines, suspensions, revocations, surrender of license in connection with a disciplinary action or voluntary termination of a license. No													
	Υ	es 🗌	If yes, complete the Disciplin	nary Action Reporting Form.										
13.	A.	United S	ou ever been convicted or fou States of any <u>felony</u> ? <i>Any ple</i>	ea of nolo contendere shall b	e considered a co	• •	liction of the							
	Yes If yes, complete the <u>Criminal Conviction Reporting Form.</u>													
	B.	-	ou been convicted or found States of any <u>misdemeanor</u> (•	tion, in any jurisd	iction of the							
		Yes	If yes, complete the Cr	riminal 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.

- 14. 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.

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Board for Hearing Aid Specialists and Opticians
UNIVERSAL LICENSE RECOGNITION HEARING AID SPECIALIST & OPTICIANS - EXPERIENCE VERIFICATION FORM

Verification of experience gained outside the Commonwealth of Virginia.

on A -	To be con	nplete	d by the	applica	ınt.																
on B -	To be completed by <u>one</u> of the individuals listed below who will verify the applicant's work experience. 1. Business/Store Owner 2. Business/Store Manager/Supervisor																				
	4. Other *:																				
	processed	d.	en, your	r experie	nce ma	ay be re	eviewe	d by	the E	Boar	d and	d thi	s wil	l res	sult i	n a (dela	y of yo	our ap	plicatio	n being
on A:	Applicant	•																			
Full	Legal Name	e (As	it appea	ars on yo	ur gove	ernment	t issue	d ID	or ot	ner l	egal	doc	ume	ntati	on.)						
Last	(required)				First	(required))					М	iddle							Ger	eration
Prov	Provide one of the following identification numbers*:																				
	Social Se	curity	Number	r <u>and</u>]-[]-[
	Virginia	OMV Co	ontrol Nu	ımber												Τ					
>	Enter the same identification number as used on examination, previous applications or licenses on file with the department.																				
*																				occupation occupation	on issued
Mail	ing Address	s (PO	Box acc	cepted)																	
						City												State		Zip Co	de
Con	tact Numbe	ers														_					
_				Primary	Telepho	one				Alte	rnate	Telep	hone								
Ema	il Address			Fmail a	ddress i	is consid	lered a	nuhli	c reco	ord a	nd wi	l he	discl	nsed	uno	n rec	THES	t from a	a third	nartv	
Colo	ا مطالم						_						_	0000	аро		4400			party.	
Sele	ct the Licer	ise typ	e you a	ire appi	/irig io	".					IIST (Z	101,)								
infor	mation that	t migh	t affect	the Boa	ard's d	decision	n to ap	opro	ve tl	nis a	appli	cati									•
Appl	licant's Sigr	nature															_ [Date _			
	Full Last Prov * Mail Con Ema	1. Busines 2. Busines 3. License 4. Other *: * If "other" processe On A: Applicant Full Legal Name Last (required) Provide one of Social Se Virginia * State law required by the Common Mailing Address Contact Number Email Address Select the Licer I, the undersignation that information may	1. Business/Store 2. Business/Store 3. Licensed Heart 4. Other *: * If "other" is chosprocessed. In A: Applicant Full Legal Name (As Last (required) Provide one of the fole Social Security Virginia DMV Co Enter the same ider * State law requires every by the Commonwealth Mailing Address (PO Contact Numbers Email Address Select the License type I, the undersigned, coinformation that migh	1. Business/Store Owner 2. Business/Store Managg 3. Licensed Hearing Aid S 4. Other *: * If "other" is chosen, your processed. On A: Applicant Full Legal Name (As it appearable) Last (required) Provide one of the following in Social Security Number Virginia DMV Control Number Virginia DMV Control Number Commonwealth to provide by the Commonwealth to provide Mailing Address (PO Box according to the License type you are select the License type you are lightly the Commonwealth to provide the License type you are lightly the License ty	In B - To be completed by one of the information may result in denial of a light formation may result in denial of	1. Business/Store Owner 2. Business/Store Manager/Supervisor 3. Licensed Hearing Aid Specialist/Audio 4. Other *: * If "other" is chosen, your experience may processed. On A: Applicant Full Legal Name (As it appears on your gover Last (required) First Provide one of the following identification of Social Security Number and Virginia DMV Control Number > Enter the same identification number as used * * State law requires every applicant for a license, cert by the Commonwealth to provide a social security of the Commonwealth to provide a social security of the Contact Numbers Email Address (PO Box accepted) Contact Numbers Email Address Select the License type you are applying for information that might affect the Board's of information may result in denial of a license information m	Don B - To be completed by one of the individuals lise. 1. Business/Store Owner. 2. Business/Store Manager/Supervisor. 3. Licensed Hearing Aid Specialist/Audiologist/Od. 4. Other *: * If "other" is chosen, your experience may be reprocessed. Don A: Applicant. Full Legal Name (As it appears on your government of the following identification numbers: Social Security Number and	Don B - To be completed by one of the individuals listed be 1. Business/Store Owner 2. Business/Store Manager/Supervisor 3. Licensed Hearing Aid Specialist/Audiologist/Optician 4. Other *: * If "other" is chosen, your experience may be reviewed processed. Don A: Applicant Full Legal Name (As it appears on your government issued as the following identification numbers and with the following identification numbers: Social Security Number and	Don B - To be completed by one of the individuals listed below 1. Business/Store Owner 2. Business/Store Manager/Supervisor 3. Licensed Hearing Aid Specialist/Audiologist/Optician/Opt 4. Other *: * If "other" is chosen, your experience may be reviewed by processed. Don A: Applicant Full Legal Name (As it appears on your government issued ID Last (required) First (required) Provide one of the following identification numbers*: Social Security Number and Virginia DMV Control Number Enter the same identification number as used on examination, pre * State law requires every applicant for a license, certificate, registration or o by the Commonwealth to provide a social security number or a control num Mailing Address (PO Box accepted) City Contact Numbers Email Address Email address is considered a public Select the License type you are applying for: Hearing A Optician of the undersigned, certify that the foregoing answers and information that might affect the Board's decision to approinformation may result in denial of a license or possible discipline information may result in denial of a license or possible discipline.	Don B - To be completed by one of the individuals listed below who 1. Business/Store Owner 2. Business/Store Manager/Supervisor 3. Licensed Hearing Aid Specialist/Audiologist/Optician/Optomet 4. Other *: * If "other" is chosen, your experience may be reviewed by the Exprocessed. Don A: Applicant Full Legal Name (As it appears on your government issued ID or other as the composition of the following identification numbers *: Social Security Number and	Define B - To be completed by one of the individuals listed below who will 1. Business/Store Owner 2. Business/Store Manager/Supervisor 3. Licensed Hearing Aid Specialist/Audiologist/Optician/Optometrist 4. Other *: * If "other" is chosen, your experience may be reviewed by the Board processed. Define A: Applicant Full Legal Name (As it appears on your government issued ID or other legal Name) Last (required) First (required) Provide one of the following identification numbers*: Social Security Number and Virginia DMV Control Number Enter the same identification number as used on examination, previous app * State law requires every applicant for a license, certificate, registration or other authoriby the Commonwealth to provide a social security number or a control number issued IMailing Address (PO Box accepted) City Contact Numbers Email address is considered a public record at Select the License type you are applying for: Hearing Aid Specia Optician (1101) I, the undersigned, certify that the foregoing answers and stateme information that might affect the Board's decision to approve this a information may result in denial of a license or possible disciplinary as information may result in denial of a license or possible disciplinary as information may result in denial of a license or possible disciplinary as information may result in denial of a license or possible disciplinary as information.	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Dn B - To be completed by one of the individuals listed below who will verify the applicant's was a substance of the individuals listed below who will verify the applicant's was a substance of the individuals listed below who will verify the applicant's was a substance of the individuals listed below who will verify the applicant's was a substance of the individuals listed below who will verify the applicant's was a substance of the individuals listed below who will verify the applicant's was a substance of the individuals listed below who will verify the applicant's was a substance of the individuals listed below who will verify the applicant's was a substance of the individuals listed below who will verify the substance of the individuals listed below who will verify the substance of the substance of the sound individuals listed below who will verify the substance of the substance of the sound individuals listed below who will verify the substance of the subs	Define B - To be completed by one of the individuals listed below who will verify the applicant's work 1. 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Mailling Address (PO Box accepted) City State Contact Numbers Email Address Email address is considered a public record and will be disclosed upon request from a third Select the License type you are applying for: Hearing Aid Specialist (2101) Optician (1101)	nn B - To be completed by one of the individuals listed below who will verify the applicant's work experience. 1. Business/Store Owner 2. Business/Store Manager/Supervisor 3. Licensed Hearing Aid Specialist/Audiologist/Optician/Optometrist 4. Other *: * If "other" is chosen, your experience may be reviewed by the Board and this will result in a delay of your application processed. * Provide and the strate of the following identification numbers because of the following identification numbers correctly for 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 by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles. Mailing Address (PO Box accepted) City

Section	on B: Verifier (Completed by an individual who can attest to the applicant's experience listed above in Section A.)												
1.	Verifier's Information:												
	Name Contact Number Email Address												
	Mailing Address Mailing Address												
	City State Zip Code												
2.	Indicate which of the following best describes your relationship to the applicant: (Select <u>all</u> that apply) Business/Store Owner												
	☐ Business/Store Manager/Supervisor												
	☐ Licensed Professional: ☐ Hearing Aid Specialist ☐ Audiologist ☐ Optician ☐ Optometrist												
	License Number State/Jurisdiction												
	Other* - Provide a brief description of you relationship to the applicant:												
	*Others may be a client, other unlicensed verifier or copy of income tax returns filed with the IRS. A spouse or family member should <u>not</u> be used to verify experience.												
3.	In your own words, describe the applicant's work duties (experience) for which you have been asked to attest:												
>	This verification form is used as a means for the Board to verify that an applicant has the experience necessary to become a licensed Hearing Aid Specialist or Optician within the Commonwealth of Virginia. Your response is appreciated.												
4.	Where did the applicant gain this experience described above in question #3?												
	A. Name of Business Entity/Store												
	D. Duningan Fully (Change Address)												
	B. Business Entity/Store Address												
	City State Zip Code												
5.	Provide the date(s) of when this experience was obtained:												
6.	I certify, to the best of my knowledge, all information provided on this form is true and accurate. I understand that providing false information may result in the applicant being denied a license or possible disciplinary action brough against them.												
	Verifier's Signature Date												