

**BOARD OF HEARING AID SPECIALISTS  
INITIAL LICENSURE FORM**

**Congratulations**, you have passed the licensing examination for the Board of Hearing Aid Specialists. To be issued a license to fit and dispense hearing aids, please complete this form and remit with the initial license fee. Pursuant to Rule 64B6-3.001(2) the license fee must be post-marked within ninety days of the notification of licensure eligibility or your eligibility certification becomes null and void and you must reapply for licensure. Your eligibility notice is the Official Score Post Date listed on Examination Service's website: <http://www.doh.state.fl.us/mqa/Exam/index.htm>. Please see the fee chart listed below to determine your correct fee to mail with this form, because the amount of the initial licensure fee varies by the date you apply for licensure. Submit a check or money order made payable to the Department of Health in the amount applicable in the chart below. The fees below include the initial licensure fee and a special fee required by statute of \$5.00 per license to fund efforts to combat unlicensed activity.

<b>Date Fees Are Submitted</b>	<b>Total Fees To Submit</b>
09/16/2008 through 02/15/2010	\$605.00
02/16/2010 through 09/15/2010	\$325.00
09/16/2010 through 02/15/2012	\$605.00
02/16/2012 through 09/15/2012	\$325.00
09/16/2012 through 02/15/2014	\$605.00
02/16/2014 through 09/15/2014	\$325.00
09/16/2014 through 02/15/2016	\$605.00
02/16/2016 through 09/15/2016	\$325.00

**Please note that your location address will show on the Internet licensure lookup screen - Our licensure database requires two addresses for each licensee. One is the mailing address and the other is the location address. The "mailing address" is used whenever documents, newsletters, etc. are mailed to the applicant/licensee. Our Internet license lookup provides the public with information on licensed health care practitioners in the state of Florida, including an "address of record". The "location address" from the licensure database will show as the "address of record" on the Internet. If only one address is provided, it will be used for both the mailing address and the location address.**

**MAILING ADDRESS**

_____	_____	_____	_____
Last Name	First	MI	Home Phone
_____			_____
Street address			Business Name if Applicable
_____			
City	State	Zip	

**LOCATION ADDRESS IF DIFFERENT THAN MAILING**

_____	_____
Business Name	Business Phone
_____	_____
Street address	Business Fax
_____	
City	State Zip

**RETURN FEE AND THIS PAGE TO:  
Board of Hearing Aid Specialists  
PO Box 6330 Tallahassee, FL 32399-6330**