

Hearing Aid Specialists Licensure By Examination Application Instructions

MAIL YOUR ORIGINAL APPLICATION AND FEES TO:

Board of Hearing Aid Specialists
P. O. BOX 6330
Tallahassee, FL 32314-6330

MAIL ALL CORRESPONDENCE AND SUPPLEMENTAL INFORMATION TO:

Board of Hearing Aid Specialists
4052 Bald Cypress Way, Bin C08
Tallahassee, FL 32399-3258

Within thirty days after your application and fees are received you will be sent a letter informing you of your application status and of any items needed to complete your application. If you do not receive notice within 40 days that your application has been received, contact the Board office at **(850) 245-4474 (TDD 1-800-955-8771)**. Please do not call to check on your application until after 30 days have passed to allow for processing and review of your documents.

Prior to applying, please read the laws and rules in Chapter 484, Part II, Florida Statutes (F.S.) and Rule Chapter 64B6, Florida Administrative Code (F.A.C.), to determine your eligibility for licensure.

SOCIAL SECURITY NUMBER = Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by federal statute. In this instance, Social Security numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and Sections 456.013(12), 409.2577, and 409.2598, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupational license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub. L 193, Section 317.

LICENSEE INFORMATION ON THE INTERNET: When you become licensed your name, license number and practice location address will be accessible through our Web site. The application asks for two addresses, a mailing address and a practice location address. All documents, including your license, will be sent to your mailing address. Your practice location address will be printed on your license and will show as your address of record on our Web site, which provides the public with information on licensed health care practitioners in the State of Florida. If you only provide one address, it will be used for both the mailing address and the practice location address.

ADDRESS CHANGE = If you have a change of address, you must provide signed, written notification to the Board office. Include your full name, old address, and new address, and whether this is your mailing address or your location address.

NAME CHANGE = If you have a legal name change, you must provide signed, written notification to the Board office. Include your full name as you applied, your new name, and a photocopy of the applicable legal document. Your name can not be changed without valid legal documentation.

LICENSE/CERTIFICATION VERIFICATION = This form is to be completed if you hold or have ever held a license or certificate in any state, U.S. territory, or foreign country. You must mail this form to each agency that issued you a license or certificate. That agency must mail the form directly to the Board office. It will not be considered official if the verification form is received from the applicant.

PROOF OF HIGH SCHOOL EDUCATION: Provide a photocopy of your high school diploma, transcript or equivalency certificate.

PROOF OF 18 YEARS OF AGE OR OLDER: Provide a copy of your driver’s license or birth certificate.

APPLICATION DEADLINES

Your examination application must be postmarked at least one-hundred twenty (120) days prior to the scheduled date of examination. All supporting documentation MUST be received in the Board office at least ninety (90) days prior to the scheduled date of the examination. **All examination/application dates are tentative and could change at any time. Please visit the Board of Hearing Aid Specialists’ website for application and credential deadline dates at www.doh.state.fl.us/mqa/HearingAid.**

REQUIRED FEES for APPLICANTS NOT NATIONALLY CERTIFIED:

Submit with this application a check or money order in the amount **\$150.00** made out to the Department of Health for the application fee. The application fee is nonrefundable.

Once the Board determines your eligibility for the examination, you will be mailed the International License Examination (ILE) application to apply for the Hearing Instrument Dispenser examination, which is administered by the International Institute for Hearing Instrument Studies. The examination fee is \$195.00 and should be mailed to ILE with your completed ILE application. The ILE is a “practice-oriented” written examination which tests competency in five areas: 1) Assess Presenting Problem and Needs; 2) Test and Analyze Hearing; 3) Prescribe and Analyze Hearing; 4) Fit, Adjust and Service Hearing Aid; and 5) Education and Maintain Professional Relations.

REQUIRED FEES for APPLICANTS THAT ARE NATIONALLY CERTIFIED:

The initial licensure fee is subject to change according to the date you apply for licensure. Submit a check or money order made out to the Department of Health in the amount applicable in the chart below. The fees below include an application fee of \$150.00, which is non-refundable. The initial licensure fee is \$600.00 during the first year of the biennium and \$320.00 during the second year of the biennium. In addition, by statute there is a special fee of \$5.00 per licensee to fund efforts to combat unlicensed activity. You will not be required to sit for the examination upon receipt of proof that you are nationally certified.

Date Application is Submitted	Total Fees to Submit with Application
09/16/2008 through 02/15/2010	\$755.00
02/16/2010 through 09/15/2010	\$475.00
09/16/2010 through 02/15/2012	\$755.00
02/16/2012 through 09/15/2012	\$475.00
09/16/2012 through 02/15/2014	\$755.00
02/16/2014 through 09/15/2014	\$475.00
09/16/2014 through 02/15/2016	\$755.00

PROOF OF REQUIRED CONTINUING EDUCATION COURSES

- 1.) Provide proof of completion of the required two-hour course relating to Florida Laws and Rules; and
- 2.) Provide proof of completion of a two-hour course approved by the Board or its designee relating to the prevention of medical errors pursuant to Section 456.013, F.S.

COMPLETING THE FORMS

Original forms must be submitted, photocopies of signatures will not be accepted unless specified. Complete all forms by printing neatly in black ballpoint pen or typing all information. Illegible applications will not be reviewed.

COMPLETING THE HEARING AID SPECIALIST LICENSURE BY EXAMINATION APPLICATION

Questions must be answered fully and truthfully. Obtaining a license by fraudulent misrepresentation is grounds for denial of your application or revocation of your license. You must sign and date the application. It is your responsibility to notify this office in writing if the answers to any of these questions change.

1. **Application Category.** Complete section one by checking the appropriate box. If this application is for your first hearing aid specialist examination, check the box for “original application.” If you are retaking the examination, check the “re-examination” box and list the date(s) of the previous hearing aid specialist examination(s) you have taken. If you are nationally certified, check the box for “nationally certified.” (Upon submission of documentation verifying national certification, that applicant will not be required to sit for the examination.)
2. **Applicant Profile Data.** Complete section two.
3. **Eligibility Data.** Indicate your method of application and provide the appropriate documentation.
 - **Completed Training Program** - Please provide your trainee registration number. A trainee is **required** to take the first available examination after completion of the training program. Your sponsor must submit the “Training Program Sponsor Report Form.” However, you still must submit your Hearing Aid Specialist Licensure by Examination application, and meet the application deadlines for the first exam for which you are eligible.
 - **Current Licensure in Another State and Actively Practiced in Another State for 12 of the last 18 Months** – The License/Certification Verification form must be completed by each state in which you hold a license or have ever held a license. This form must be completed and sent by the office which issued the license or it will **not** be considered official. Documentation must be submitted to verify you have actively practiced for 12 of the last 18 months, pursuant to Rule 64B6-2.002(1).
 - **Currently Certified by the National Board of Certification in Hearing Instrument Sciences and Actively Practiced for 12 of the last 18 Months** – You must contact the International Licensing Examination for and request that it send proof of National Board Certification directly to the Board of Hearing Aid Specialists’ board office. Documentation must be submitted to verify you have actively practiced for 12 of the last 18 months, pursuant to Rule 64B6-2.002(1).
4. **Special Testing Accommodations**
If you have a disability and require special examination accommodations, you must contact the International Institute for Hearing Instruments Studies at (734) 522-7200. **Please contact them immediately.**
5. **Photo:** Send one current passport-style photograph. Please print your first and last name on the back of the photograph, and attach it to the lower right corner of the first page of the application.
6. **Applicant History** – These questions are asked pursuant to Section 456.0635(2), Florida Statutes.
7. **Applicant History-Professional.** If you answer “yes” to any question(s) in this section you must provide the Board complete details.
8. **Applicant History-General.** Read these questions very carefully. If you answer “yes” to any question(s) in this section you must provide the Board complete details. You may be asked to submit a current mental health status report from a licensed mental health professional.
Keep in mind, a "yes" answer does not mean the application will automatically be denied, but failure to provide the correct information may result in licensure denial. The Board carefully reviews each applicant's history to determine that the applicant is able to practice the profession with reasonable skill and competence.
9. **Good Moral Character** – Complete section 6. You must request three individuals who are not relatives or employers to send a letter to the Board office attesting to your character, honesty, truthfulness, and good reputation.
10. **Applicant Licensure Status** – Complete section 7.
11. **Applicant Statement**– Read this section carefully. Your signature is required.



MAKE COPIES OF ALL DOCUMENTS

(for your records) prior to mailing the originals to the board office.

CONFIDENTIAL AND EXEMPT FROM PUBLIC RECORDS
DISCLOSURE*

**Florida Department of Health
Board of Hearing Aid Specialists**

Name: _____
Last First Middle

Social Security Number:

* This page must be returned with the application * This page is exempt from public records disclosure. The Department of Health is required and authorized to collect Social Security Numbers relating to applications for professional licensure pursuant to Title 42 USCA § 666 (a)(13). For all professions regulated under chapter 456, Florida Statutes, the collection of Social Security Numbers is required by Section 456.013(1)(a), and 456.013(12), Florida Statutes.



**APPLICATION FOR
HEARING AID SPECIALIST
LICENSURE BY
EXAMINATION**

1. APPLICATION CATEGORY (PLEASE TYPE OR PRINT IN BLACK INK)

Please check one: **CLIENT 3601**
 Original Application Nationally Certified
 Re-examination/date(s) of previous exam(s) taken _____

2. APPLICANT PROFILE DATA (PLEASE TYPE OR PRINT IN BLACK INK)

DO NOT WRITE IN THIS SPACE
FOR OFFICE USE ONLY

Name	Last	First	Middle	
Mailing Address	No. and Street.		Apt. No.	Home Telephone: ()
	City	State	Zip	Business Telephone: ()
Location Address	No. and Street.			Date of Birth: ____/____/____
	City	State	Zip	Birth Place (City, State, Country)

Have you ever changed your name through marriage or through action of a court, or have you ever been known by any other name?
 YES NO If "YES" list name(s) and date(s) of changes: _____

We are required to ask that you furnish the following information as part of your voluntary compliance with Section 2, Uniform Guidelines on Employee Selection Procedure (1978) 43 FR38296 (8/25/78). This information is gathered for statistical purposes only and does not in any way affect your candidacy for licensure.
 SEX: Male Female RACE: Caucasian African-American Hispanic Asian Native American Other _____

3. ELIGIBILITY DATA (If this is a re-examination application, you are not required to complete this section.)

A. Indicate the method by which you qualify for the Hearing Aid Specialist Examination/Licensure:
 Completed the Training Program / Trainee Registration Number _____
 Current licensure in another state and actively practiced for 12 of the last 18 months.
 Currently certified by the National Board for Certification in Hearing Instrument Sciences and actively practiced for 12 of the last 18 months.

B. Name and address of High School Attended: _____
 Received: Diploma GED Date of Receipt _____

4. SPECIAL TESTING ACCOMMODATIONS

If you have a disability and require special examination accommodations, **you** must contact the International Institute for Hearing Instruments Studies at (734) 522-7200. **Please contact them immediately.**

PLEASE DO NOT WRITE BELOW THIS LINE. FOR OFFICE USE ONLY

No. of Retakes _____ Candidate No. _____
 Category _____ Exam Site _____
 Exam Date _____ Exam Code _____

**5. PLEASE
ATTACH ONE
2 X 2 PHOTO
HERE**

APPLICANT NAME _____

6. APPLICANT HISTORY - Pursuant to Section 456.0635(2), Florida Statutes, the following questions are being asked. If you answer yes to any of the following questions, explain on a separate sheet providing accurate details and submit copies of supporting documentation.	
1a. Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under Chapter 409, Chapter 817, or Chapter 893, Florida Statutes; or 21 U.S.C. ss. 801-970 or 42 U.S.C. ss. 1395-1396? (If no, do not answer 1b.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
1b. Has it been more than 15 years prior to the date of this application since the sentence and completion of any subsequent period of probation for such conviction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2a. Have you ever been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes? (If no, do not answer 2b.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2b. If you have been terminated but reinstated, have you been in good standing with the Florida Medicaid Program for the most recent five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3a. Have you ever been terminated for cause, pursuant to the appeals procedures established by the state or federal government, from any other state Medicaid program or the federal Medicare program? (If no, do not answer 3b and 3c.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
3b. Have you been in good standing with a state Medicaid program or the federal Medicare program for the most recent five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3c. Did the termination occur at least 20 years prior to the date of this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. APPLICANT HISTORY – PROFESSIONAL	
1. Have you ever been denied licensure, certification, or registration for the dispensing of hearing aids or any health-related profession or the renewal thereof in any state?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever been denied the right to take a Hearing Aid Specialists licensure examination?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Have you ever had a license to practice a profession revoked, suspended, or otherwise acted against in a disciplinary proceeding in any state?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Are you now or have you ever been a defendant in civil litigation in which the basis of the complaint against you was alleged negligence, malpractice or lack of professional competence?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Is there currently pending, in any jurisdiction, a complaint or investigation against your professional conduct or competency?	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Have you ever been involved in, reprimanded for or disciplined by an employer or educational institution for misconduct including:	
1. Acts of dishonesty, fraud, or deceit	1. <input type="checkbox"/> YES <input type="checkbox"/> NO
2. Lying on a resume or misrepresentation	2. <input type="checkbox"/> YES <input type="checkbox"/> NO
3. Academic misconduct, including acts such as cheating or plagiarism	3. <input type="checkbox"/> YES <input type="checkbox"/> NO
4. Theft	4. <input type="checkbox"/> YES <input type="checkbox"/> NO
5. Sexual harassment	5. <input type="checkbox"/> YES <input type="checkbox"/> NO
If you answered "YES" to any question in Section 7, you must provide the Board complete details.	

8. APPLICANT HISTORY – GENERAL

- | | |
|--|--|
| <p>1. Have you ever been convicted of, or entered a plea of guilty or nolo contendere (no contest) to any crime in any jurisdiction, other than a minor traffic offense? You must include all misdemeanors and felonies, even if adjudication was withheld by the court so that you would not have a record of conviction. Driving under the influence or driving while impaired is not a minor traffic offense for purposes of this question.</p> <p>If you answer YES, you must explain in detail on a separate sheet. In your explanation, include dates, jurisdictions, offenses, specific circumstances, and dispositions. You must include a certified copy of the court records/dispositions.</p> | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <p>2. In the last 5 years, have you been enrolled in, required to enter into, or participated in any drug or alcohol recovery program or impaired practitioner program for treatment of drug or alcohol abuse that occurred within the past 5 years?</p> | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <p>3. In the last 5 years, have you been admitted to or referred to a hospital, facility or impaired practitioner program for treatment of a diagnosed mental disorder or impairment?</p> | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <p>4. During the last 5 years, have you been treated for or had a recurrence of a diagnosed mental disorder that has impaired your ability to practice as a Hearing Aid Specialists within the past 5 years?</p> | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <p>5. During the last 5 years, have you been treated for or had a recurrence of a diagnosed physical disorder that has impaired your ability to practice as a Hearing Aid Specialists?</p> | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <p>6. In the last 5 years, were you admitted or directed into a program for the treatment of a diagnosed substance-related (alcohol/drug) disorder or, if you were previously in such a program, did you suffer a relapse within the last 5 years?</p> | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <p>7. During the last 5 years, have you been treated for or had a recurrence of a diagnosed substance-related (alcohol/drug) disorder that has impaired your ability to practice as a Hearing Aid Specialists within the past 5 years?</p> | <input type="checkbox"/> YES <input type="checkbox"/> NO |

If you answered "YES" to any question in Section 8 you must provide the Board complete details. A "YES" answer does not mean the application will be denied; however, failure to provide the correct information may result in licensure denial.

9. GOOD MORAL CHARACTER

List the names of three personal acquaintances from whom we will receive letters:

10. APPLICANT LICENSURE STATUS

A. Do you hold or have you ever held a license to practice as a hearing aid specialist in any state (including Florida), U.S. territory, or foreign country? YES NO If YES, list all licenses and the issuing state, territory, or foreign country:

B. Do you have any applications for licensure as a hearing aid specialist currently pending in any state (including Florida), U.S. territory, or foreign country? YES NO If YES, list all pending applications and the issuing state, territory, or foreign country:

11. APPLICANT STATEMENT

I hereby authorize all hospitals, institutions, or organizations, personal physicians, employers (past or present), business and professional associates (past or present), and all government agencies and instrumentality's (local, state, federal, or foreign) to release to the Department of Health any information, files, or records requested by the Department in connection with the processing of this application. I further authorize the Department to release to the organizations, individuals, and groups listed above any information which is material to my application.

I understand that it is my duty and responsibility as an applicant for licensure to supplement my application after it has been submitted if and when any material change in circumstances or conditions occur which might affect the Board's decision concerning my eligibility for examination or licensure. Such supplement is required by Chapter 456.013(1)(a) F.S. Failure to do so may result in disciplinary action by the Board including denial of licensure.

I have carefully read the questions in the foregoing application and have answered them completely without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information on this application, I hereby acknowledge that such act shall constitute cause for denial, suspension, or revocation of any license to practice in the State of Florida the profession for which I am applying. I declare that I am the person referred to in the foregoing application. I further state that I will comply with all requirements for licensure renewal in effect at the time of license renewal including submission of appropriate renewal fees and continuing education credits.

I hereby acknowledge that practice as a licensed Hearing Aid Specialist in Florida is governed by Chapters 456 and, Part II, Florida Statutes, and Chapter 64B6, Florida Administrative Code. I understand that I am under a continuing obligation to understand and keep informed of any changes to Chapters 456 and 484, Part II, F.S. and Chapter 64B-6, Florida Administrative Code.

Applicant's Signature

Date

LICENSE/CERTIFICATION VERIFICATION

APPLICANT NAME _____

Print clearly in black ink or type the information.

Applicant's Address:	
Title of License:	License Number:
THE FOLLOWING SECTIONS MUST BE COMPLETED BY THE STATE LICENSING BOARD OFFICE AND MAILED DIRECTLY TO: BOARD OF HEARING AID SPECIALISTS 4052 Bald Cypress Way, BIN #C08 TALLAHASSEE, FLORIDA 32399-3258	
The individual listed above has applied for licensure in Florida. Before further consideration is given to this application, we need the information requested on this form.	
Title of License:	License Number:
Original Issue Date:	Expiration Date:
License Status: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Temporary <input type="checkbox"/> Delinquent <input type="checkbox"/> Other (Explain)	
Licensure Method: <input type="checkbox"/> Grandfathering <input type="checkbox"/> Reciprocity/Endorsement <input type="checkbox"/> Examination	
If licensed by examination, please complete the following:	
Name of Exam:	Date of Exam:
Level of Exam:	Score Achieved:
Has any disciplinary action been taken against this license? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", please provide our office with any documentation regarding the disciplinary action.	
Do you have any derogatory information concerning this person? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", please explain	
Affix Board Seal	Signature:
	Title:
	Date:
	Phone Number:
	Board of:
	State of: