

**BOARD OF HEARING AID SPECIALISTS  
TRAINING PROGRAM REGISTRATION APPLICATION INSTRUCTIONS**

To register in a training program, a person must submit to the Department of Health a non-refundable \$100.00 registration fee, a special fee of \$5.00 to fund efforts to combat unlicensed activity (for a total of \$105.00), 1 (2X2) photograph, and a completed Training Program Registration Application, including a completed Sponsor Registration Form (which is included as part of this application) .

A training program shall be a minimum of six months in length and shall be divided into four stages. Following the completion of Stage I, the trainee shall be in training for the dispensation of hearing aids for a minimum of twenty (20) hours each week, and shall be under the direct supervision of the sponsor at all times when performing the functions of a hearing aid specialist.

(a) Stage I: During this Stage, the trainee shall complete the International Hearing Society Home Study Course and shall submit proof of passing the home study course final examination **before entering stage II of the training program.**

(b) Stage II – 1 month: During this Stage, the trainee may perform audiometric tests, and make ear mold impressions and modifications, but the sponsor or hearing aid specialist designated by the sponsor shall be physically present, in the same room at all times when the trainee is performing these functions. The trainee may not recommend the selection of a hearing aid, dispense a hearing aid, or counsel a client.

(c) Stage III – 2 months: During this Stage the trainee may perform all tasks in Stage II, recommend the selection of a hearing aid, and counsel a client, but the trainee shall be under the direct supervision of the sponsor or hearing aid specialist designated by the sponsor. The trainee may not deliver a hearing aid.

(d) Stage IV – 3 months: During this Stage the trainee may perform all the tasks in Stages II and III and deliver hearing aids, but the sponsor or hearing aid specialist designated by the sponsor shall be physically present in the same room at the time a hearing aid is delivered to the client, and the receipt required by Section 484.051, F.S., must have the signature and license number of the sponsor or hearing aid specialist designated by the sponsor.

An applicant shall secure the supervision of a sponsor who must have possessed an active license and have been actively practicing for at least two (2) consecutive years immediately prior to sponsorship and who must not have been disciplined during the past four (4) years. The sponsor must submit official documentation of being Board certified by the National Board for Certification in Hearing Instrument Sciences with **each training program application.**

The trainee may change sponsors twice during the training program by checking “Change of Sponsor” on the Sponsor Registration Form, having it signed by the new sponsor and submitting for approval. Make copies of this form and keep for future use by sponsors. **The two-page Training Program Sponsor Report Form should be kept by the sponsor and submitted at the end of the program or termination of the program.** Pages 1 and 2 of this form must be submitted when terminating or final reporting. If an applicant has been found to have violated chapter 484, Part II (the Hearing Aid Fitting and Dispensing Practice Act), the Board shall determine whether the applicant may enter the training program.

Upon completion of the training program, a trainee must apply for and take the first available written licensure examination offered by the Department or it will be counted as a failure. A trainee may continue to function as a trainee until they have received the results of the examination. If the trainee

fails the written examination, the trainee may continue in stage IV of the training program one time by submitting the appropriate forms and retake the failed examination, provided the trainee takes the next available examination. **No person may remain in trainee status or further perform any services authorized for a trainee if the person fails the written examination twice.**



**DEPARTMENT OF HEALTH  
FLORIDA BOARD OF  
HEARING AID SPECIALISTS  
PO BOX 6330  
TALLAHASSEE, FLORIDA 32399-6330  
(850) 245-4474**

**(For Official Use Only) CLIENT 3601**

**TRAINING PROGRAM REGISTRATION APPLICATION**

**APPLICANT DATA PROFILE**

\_\_\_\_\_  
Last Name                      First                      MI                      (\_\_\_\_\_) Home Phone

\_\_\_\_\_  
Street Address                      Apt. Number                      Date of Birth

\_\_\_\_\_  
City                      State                      Zip                      Place of Birth                      (City, State or 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:

\_\_\_\_\_

**BUSINESS DATA PROFILE**

\_\_\_\_\_  
Business Name                      (\_\_\_\_\_) Business Phone

\_\_\_\_\_  
Street Address                      Suite Number                      Sponsor Name                      License Number

\_\_\_\_\_  
City                      State                      Zip                      Designee Name                      License Number

We are required to ask that you furnish the following information as part of your voluntary compliance with Uniform Guidelines Employee Selection Procedure (1978) 43 FR 38296 (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 \_\_\_\_\_

**APPLICANT HEARING AID DISPENSING HISTORY**

- Have you ever been licensed in Florida to fit/dispense hearing aids?  YES  NO If yes, When \_\_\_\_\_ Expiration \_\_\_\_\_
- Have you ever registered in a Florida Hearing Aid Specialist Training Program?  YES  NO If yes, list date(s): \_\_\_\_\_
- Have you ever taken a Florida Hearing Aid Specialist Licensing Examination?  YES  NO If yes, list date(s): \_\_\_\_\_
- Have you ever been disciplined in Florida or another State?  YES  NO If yes, list State(s): \_\_\_\_\_
- Have you ever been licensed or practiced in another State?  YES  NO If yes, list State(s): \_\_\_\_\_

## APPLICANT HISTORY

- A. Have you ever been convicted of, or entered a plea of guilty, nolo contendere, or no contest to, a 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.  Yes  No

If YES, provide the date, jurisdiction, offense, disposition, and attach a certified copy of the court disposition:

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- B. In the last five 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 five years?  Yes  No
- C. In the last five 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?  Yes  No
- D. During the last five 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 Specialist?  Yes  No
- E. During the last five 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 Specialist?  Yes  No
- F. In the last five 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 five years?  Yes  No
- G. During the last five 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 Specialist within the past five years?  Yes  No
- H. Have you ever been notified to appear before any licensing agency for a hearing on a complaint of any nature, including, but not limited to, a charge of violation of a practice act, unprofessional or unethical conduct?  Yes  No
- I. Have you ever had a license to practice any profession revoked, suspended or otherwise acted against in a disciplinary proceeding in any state, U.S. territory or foreign country?  Yes  No
- J. 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?  Yes  No
- K. Is there currently pending, in any jurisdiction, a complaint against your professional conduct or competency in any profession?  Yes  No

### If you marked Yes to any question(s) in the section above, you must provide complete details.

I understand that any misstatements or falsification of material facts and/or having been found to have violated Chapter 484, Part II, Florida Statutes (F.S.) and/or Chapter 64B6, Florida Administrative Code (F.A.C.) prior to this application and/or during my training may constitute cause for the denial of this application and/or my eligibility to take the examination for licensure as a Florida licensed hearing aid specialist and/or continue in this Training Program. I further understand that failure to apply for or take the required examinations when made available to me, will be considered a failure of the examination and may forfeit my right to the examination and licensure and will terminate my Training Program. I have read the above stated F.S. and F.A.C. and I understand my responsibilities and the limitations of being registered in a Training Program. I have read all the rules relating to the Hearing Aid Specialists Training Program given to me with this application.

APPLICANT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

# BOARD OF HEARING AID SPECIALISTS

## SPONSOR REGISTRATION FORM

Check here only if this is a Change of Sponsor (Trainee AT No. \_\_\_\_\_ required for change.)

- Complete **all** sections of this form.
- When changing to a different sponsor, mail/fax (850) 921-5389 completed form with verification of sponsor's National Board Certification in Hearing Instrument Sciences **PRIOR** to beginning work under the new sponsor. You will not receive credit for hours worked until the Board has received this form and approved your new sponsor.
- Read Rule Chapter 64B6-8, Florida Administrative Code
- Please print clearly or type all information.

\_\_\_\_\_  
Trainee Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Sponsor Name

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
Training Site Address

\_\_\_\_\_  
Suite Number

( ) \_\_\_\_\_  
Business Phone

( ) \_\_\_\_\_  
Fax Number

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Designee Name (If applicable) License Number

LIST NAMES OF OTHER TRAINEES CURRENTLY UNDER YOUR SUPERVISION:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I declare that I have an active Florida license and have been actively practicing under this license for at least two consecutive years immediately prior to this sponsorship; I have not been disciplined by the Board of Hearing Aid Specialists during the past four years; and I understand my responsibilities and the limitation of being a sponsor for a Training Program, pursuant to 484, Part II, F.S. and Chapter 64B6, F.A.C. In addition, I state that I now and will in the future notify the Board of Hearing Aid Specialists upon my designation of another licensed hearing aid specialist to assist in this Training Program; will notify the Board upon training being conducted at a location other than that identified above; and upon Trainee's completion of the program or termination of my sponsorship.

I declare that all statements made herein and herewith are true and correct and certify that I have enclosed proof of National Certification.

\_\_\_\_\_  
SPONSOR SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DESIGNEE SIGNATURE (If applicable)

\_\_\_\_\_  
DATE