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 LICENSE APPLICATION

Applicants requesting a TEMPORARY PERMIT must also submit a <u>Hearing Aid Specialist Temporary Permit Application</u> and a <u>Hearing Aid Temporary Permit Sponsor Training & Experience Agreement</u>.

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:

	l X	<b>S</b>	License Typ	e		Irans	Fee	
		2101 - Hearing Aid Spe	cialist by Exam			1010	\$140.00	
	2101 - Hearing Aid Specialist by Reciprocity					1012	\$140.00	
		2101 - Physician licer American Board of Otol				1010	\$30.00	
>	Have you Passed the International Licensing Examination for the Hearing Instrument Dispenser (ILE)?							
	No 🗆		J		J		,	•
	Yes If yes, attach a copy of your current ILE certificate.							
1.	Have you ever Opticians?	held a Hearing Aid S	pecialist License	e issued by the	Virginia I	Board fo	or Hearinç	y Aid Specialists and
	Yes <sup>◆</sup> □ V	A Hearing Aid Special	ist No. 2 1	0 1		Expi	ration Date	9
2.	•	If yes and your license gyour Virginia Hearing A Application. DO NOT CO. If yes and your license go (As it appears on you	Aid Specialist Lice DMPLETE THIS LI expired 2 or more y	nse by completi CENSE APPLIC, <u>rears ago</u> , you ar	ing a <u>Hear</u> ATION. re required t	<i>ing Aid</i> to reapp	Specialist	License Reinstatement
۷.	ruii Leyai Name	: (As it appears on you	r government issue	ed to of other leg	ai uocumei	ilalion.)		
	Last (required)		First (required)		Middle			Generation
2.	Provide at least	one of the following id	entification numb	oers*:				
	Social Sec	curity Number and/or		-		-		7
	☐ <i>Virginia</i> DN	MV Control Number						Ī
	Enter the same	e identification number as used	on examination, previous	ous applications or lic	enses on file v	with the de	partment.	_
		ires every applicant for a licens nwealth to provide a social sec						
4.	Date of Birth	MM/DD/YYYY	_ (Must be at lea	ast 18 years of	age.)			
5.	Maiden Name o	r Former Surname(s)						

TRANS CODE

ENTITY #

2101

OFFICE USE

ONLY

DATE

FEE

ISSUE DATE

FILE #/LICENSE #

6.	The mailing address will be printed on the license.								
7.	Street Address (PO Box <u>not</u> accep	oted)	City State Zip Code  Check here if Street Address is the same as the Mailing Address listed above.						
		City				State	Zip Code		
8.	Contact Numbers	iry Telephone		Alternate Tel	ephone		Fax		
9.	Email Address			, internate 101					
	Email	address is consid	lered a p	oublic record and will b	oe disclosed upon requ	est from a thir	d party.		
10.	Current Employer's Name								
11.	Current Employer's Address								
12.	Are you a physician who is licens Board of Otolaryngology?	City ed to practice	in Virg	ginia AND certifie	d or eligible to be	State certified by	Zip Code y the American		
	Yes If yes, attach a copy question #15.	of your Virgin	ia licer	nse and Americar	Board of Otolaryr	ngology cer	tificate. Skip to		
13.	Do you have a <u>current</u> or <u>expired</u> H Specialists and Opticians?  No If no, attach a certific or other notarized do	ed copy of a trace	anscrip	ot of courses com letion of the requir	pleted at an accre	dited colleg	_		
	Yes ◆ ☐ VA Hearing Aid Spec	cialist Tempora	7						
	2 1 0 2		٠.	piration Date					
1 1	• If yes, attach a cor		_	, •	<u>&amp; Experience Fori</u>	<u>m</u> .			
14.	Are you an audiologist who is licens  No  Yes  If yes, attach a column audiologists are not examination.	py of your Vir	rginia	license. In accor					
15.	Do you have a <u>current</u> or <u>expired</u> he	earing aid spec	cialist li	cense, certification	n, or registration fro	om another	state?		
	Yes If yes, list <u>all</u> the lice Licensure/Letter of G						Certification of		
	State/Jurisdiction Di	d you pass a pra exam?	octical	License, Certificati	on or Registration N	o. E:	xpiration Date		
	N	o ☐ Yes÷	* 🔲						
	N	o Yes	*						
	N	o Yes	*						
	ala.								

<sup>\*</sup> 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.

16.	Have you ever been subject to a disciplinary action taken by <u>any</u> (including Virginia) local, state or national regulatory body?  No							
	Ye	_	If yes, complete the Disciplinary A	ction Reporting Form.				
17.	conte	endere i nile cour	, , , , , , , , , , , , , , , , , , ,	on of a <i>misdemeanor and/or felony</i> ? And the contract of the c	, , ,			
18.			•	e regulation 18VAC80-20-30) – you are	also required to attach proof			
	Of SU Date		ul completion of high school or hi Employer's Name & Address	Description of Duties	Supervisor's Name & Title			
Froi		To	Employor o Name a ridaroso	Dood phon of Duties	Cuporvisor s riams a rins			
a <i>Virg</i> you a be yo be se trade	ginia H appoint our true erved a or pro	learing A the Dire and lagend and who ofession	Aid Specialist License, you understa ector of the Department of Profession wful agent and attorney-in-fact, in you is hereby authorized to enter an ap practiced; and that by submitting the practiced.	are not a Virginia resident, or move out not that this application serves as a written onal and Occupational Regulation, and hour stead, upon whom all legal process a pearance on your behalf in any case or his application you hereby agree that ar shall be of the same legal force and valid	en power of attorney, whereby his/her successors in office, to against and notice to you may proceedings arising out of the hy lawful process against you			
19.	-	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.						
<ul> <li>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 a felony or misdemeanor (in any jurisdiction).</li> </ul>								
<ul> <li>I authorize the Department to verify information concerning me or any statement in this application from a person, or any source the department may contact. I also agree to present any credentials or documen required or requested by the Department.</li> </ul>								
	•		uthorize any federal, state or local government agency, current or former employer, or other individual or siness to release information which may be required for a background investigation.					
	•	of Tit	ave read, understand and complied with all the laws of Virginia related to this profession under the provisions Title 54.1, Chapter 15, of the <i>Code of Virginia</i> and the <i>Virginia Board for Hearing Aid Specialists and oticians; Hearing Aid Specialist Regulations</i> .					
		Signa	ture		Date			