

6. Mailing Address (PO Box accepted)

The mailing address will be printed on the license.

 City State Zip Code

7. Street Address (PO Box not accepted)
 PHYSICAL ADDRESS REQUIRED

Check here if Street Address is the same as the Mailing Address listed above.

 City State Zip Code

8. Contact Numbers

 Primary Telephone Alternate Telephone Fax

9. Email Address

Email address is considered a public record and will be disclosed upon request from a third party.

10. Current Employer's Name

11. Current Employer's Address

 City State Zip Code

12. Are you a physician who is licensed to practice in Virginia AND certified or eligible to be certified by the American Board of Otolaryngology?

No

Yes If yes, attach a copy of your Virginia license and American Board of Otolaryngology certificate. Skip to question #15.

13. Do you have a current or expired Hearing Aid Specialist Temporary Permit issued by the Virginia Board for Hearing Aid Specialists and Opticians?

No If no, attach a certified copy of a transcript of courses completed at an accredited college or university, or other notarized documentation of completion of the required experience and training

Yes ♦ VA Hearing Aid Specialist Temporary Permit No.

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 Expiration Date _____

♦ If yes, attach a completed Hearing Aid Specialist Training & Experience Form.

14. Are you an audiologist who is licensed to practice in Virginia?

No

Yes If yes, attach a copy of your Virginia license. In accordance with Board policy, Virginia licensed audiologists are not required to take the Audiometric Testing and Speech Audiometry sections of the examination.

15. Do you have a current or expired hearing aid specialist license, certification, or registration from another state?

No

Yes If yes, list all the licenses, certificates and registrations in the following table and attach a Certification of Licensure/Letter of Good Standing♦ dated within the last 60 days from each state.

State/Jurisdiction	Did you pass a practical exam?	License, Certification or Registration No.	Expiration Date
	No <input type="checkbox"/> Yes* <input type="checkbox"/>		
	No <input type="checkbox"/> Yes* <input type="checkbox"/>		
	No <input type="checkbox"/> Yes* <input type="checkbox"/>		

* 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 any (including Virginia) local, state or national regulatory body?
 No
 Yes If yes, complete the [Disciplinary Action Reporting Form](#).
17. Have you ever been convicted in any jurisdiction of a *misdemeanor and/or felony*? Any guilty plea or plea of *nolo contendere* must be disclosed on this application. Do not disclose violations that were adjudicated as a minor in the juvenile court system.
 No
 Yes If yes, complete the [Criminal Conviction Reporting Form](#).
18. Professional hearing aid-related experience (see regulation 18VAC80-20-30) – you are also required to **attach proof of successful completion of high school or high school equivalency course.**

Date		Employer's Name & Address	Description of Duties	Supervisor's Name & Title
From	To			

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.

19. 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*.

Signature _____ Date _____