

Board for Hearing Aid Specialists and Opticians
HEARING AID SPECIALIST LICENSE REINSTATEMENT APPLICATION
Fee \$125.00

A check or money order payable to the TREASURER OF VIRGINIA,
 or a completed credit card insert must be mailed with your application package.
APPLICATION FEES ARE NOT REFUNDABLE.

1. Provide your Hearing Aid Specialist License number and expiration date:

VA Hearing Aid Specialist No.

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 Expiration Date* _____

- ◆ If the license expired more than 30 days ago, but less than 2 years ago, you are required to **reinstate** your Virginia Hearing Aid Specialist License by completing a this reinstatement application.
- ◆ If your license expired 2 or more years ago, you are required to reapply for licensure. Please complete the **HEARING AID SPECIALIST LICENSE APPLICATION**.

2. Full Legal Name (As it appears on your government issued ID or other legal documentation.)

 Last (required) First (required) Middle Generation

3. Provide at least **one** of the following identification numbers*:

☐ **Social Security Number** and/or

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☐ **Virginia DMV Control Number**

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- Enter the same identification number as used on examination, previous applications or licenses on file with the department.
- * State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

4. Date of Birth _____
 MM/DD/YYYY

5. Maiden Name or Former Surname(s) _____

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

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
			4020		2101	

11. Current Employer's Address _____

City _____

State _____

Zip Code _____

12. Professional hearing-aid related experience (see regulation 18VAC80-20-30) obtained since your last renewal:

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

13. 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](#).

14. A. Have you ever been convicted or found guilty, in any jurisdiction of the United States, of any felony involving sexual offense, physical injury, or drug distribution or convictions involving the practice of fitting or dealing in hearing aids?

No ☐

Yes ☐ If yes, complete the [Criminal Conviction Reporting Form](#).

14. B. Have you ever been convicted or found guilty, in any jurisdiction of the United States, of any misdemeanor that occurred within three years of the date of application involving sexual offense or physical injury?

No ☐

Yes ☐ If yes, complete the [Criminal Conviction Reporting Form](#).

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.

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15. 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 _____