

APPLICATION FOR WAIVER OF HEARING AID DISPENSER EXAMINATION

CHECKLIST

_____ \$100.00 fee is nonrefundable- check or money order payable: The Board of HAD

_____ A recent 2x2 passport size photograph

_____ Complete signed application (application will be returned if incomplete)

_____ Application notarized

_____ Official college transcript showing completion of a 2 year degree program
Request the college to send the transcript to:

Board of HAD
DHMH
4201 Patterson Avenue
Baltimore, Maryland 21215-2299

_____ Proof of Completion of the International Hearing Society curriculum entitled
“Distance Learning for Professionals in Hearing Health Sciences” or an equivalent
course approved by the Board.

_____ Law examination

Please Note: To pass the open book examination, all applicants must score at least 75. You can download the examination from the Board’s web site at www.mdboardaudhadslep.org. Use the Forms Link to download a copy of the law examination. To complete the examination refer to the law and regulation reference number included with the questions. Use the Law and Regulation Links on the web site to get the answer. If you do not have access to a computer, call the Board office and the examination and a copy of the law and regulations will be mailed to you. A license will **NOT** be issued unless the law examination is passed.

_____ Attach a copy of your current Hearing Aid Dispenser license

Please Note: If the State in which you are currently licensed does not have a continuing education requirement equivalent to the continuing education requirement in Maryland, the applicant shall, within 6 months being issued a license in Maryland, complete a prescribed number of hours of continuing education as determined by the Board, not to exceed 20 hours, so as to obtain an equivalent number of hours as is required for Maryland applicants.

7. EDUCATION

College Attended: _____

Address: _____
Street City State ZipCode

Dates Attended: _____ to _____

Have the college send an official transcript directly to the Maryland Board.

8. Have you previously been licensed in Maryland?

If yes, license No.: _____ Date expired: _____

9. Have you previously applied for license to dispense hearing aids in the State of Maryland or in another state ? If so, when? _____ Where? _____

10. Have you ever been denied a license to dispense hearing aids or has your license ever been suspended or revoked in the State of Maryland or any other state?

Yes _____ No _____ If yes, write an explanation on an attached sheet of paper.

11. List other states in which you are currently licensed _____

12 List any state (s) which you have previously been licensed _____

13. If you are now licensed in another state, or have been licensed in another state in the past, please write your full name on the **Hearing Aid Dispenser Affidavit Form** included with this application. Have the affidavit (s) completed by the other state licensure board(s) and returned to the Board of Hearing Aid Dispensers, 4201 Patterson Avenue, Baltimore, Maryland 21215-2299.

14. Have this affidavit completed by a Notary Public

I further affirm that I have read Sections 2-101 to 2-502 of Title 2 of the Health Occupations Article of the Annotated Code of Maryland and fully understand that in receiving a license from the Board, I bind myself to be governed by them.

I understand that in submitting this application that the accompanying fee is for administrative purposes and licensure. The fee is not refundable.

STATE OF _____ CITY OR COUNTY _____

The undersigned, being duly sworn deposes and says that he/she is the person who executed this application, that the statements herein contained are true to the best of his/her knowledge, that he/she knowledge, that he/she has not suppressed any information that might affect this application and that he/she read and understands this affidavit.

Signature of Applicant

Signature of Notary

Subscribed and sworn to before this _____ day of _____

In accordance with Executive Order 01.01.1093-18, the Board is required to advise you as follows regarding the collection of personal information:

Personal information requested by the Board is necessary in determining your eligibility for licensure. Such personal information is also intended for use as an additional means of verifying the licensee's identity or to enable the Board to communicate, in a timely manner, with the licensee should the need arise. The licensee has a right to inspect his personal record and to amend or correct the personal data if necessary.

Your Social Security Number is needed on the application. It will be used for identification purposes and may be released to the Department of Public Safety and correctional Services to check for any criminal convictions.

**BOARD OF EXAMINERS FOR AUDIOLOGISTS, HEARING AID DISPENSERS AND
SPEECH-LANGUAGE PATHOLOGISTS
4201 PATTERSON AVENUE BALTIMORE, MARYLAND 21215-2299
PHONE 410-764-4725 FAX 410-358-0273**

HEARING AID DISPENSER LICENSURE AFFIDAVIT

An application for licensure as a Hearing Aid Dispenser has been filed with the Maryland Board of Examiners for Audiologists, Hearing Aid Dispensers and Speech-Language Pathologists by _____.

The Maryland Board may issue a license to an applicant who holds a current, unsuspended and unrevoked certificate or license to sell or fit hearing aids in another state or jurisdiction if it has requirements equivalent to or higher than those in effect in Maryland. No examination is required.

1. Licensed in your State? Yes _____ No _____

2. Did applicant take the written examination prepared by the National Institute for Hearing Instrument Studies? Yes _____ No _____

If not, did applicant take a written examination Yes _____ No _____

Written examination consisted of: _____

Grade: _____

Practical Examination Consisted of: _____

Grade: _____

3. Is License current? Yes _____ No _____ If not, why _____

4. Has License ever been revoked or suspended? Yes _____ No _____

If yes, why _____

5. Does your state require continuing education hours for license renewal?

Yes _____ No _____ If yes, hours required _____

Signature: _____ Date: _____

Title: _____

Name of Board: _____

State of _____

PLEASE ENCLOSE A COPY OF THE STATE LAW AND REGULATIONS FOR HEARING AID DISPENSERS

