

**APPLICATION FOR HEARING AID DISPENSER EXAMINATION  
OR  
HEARING AID DISPENSER LIMITED LICENSE AND EXAMINATION**

**CHECKLIST**

- \_\_\_\_\_ \$150.00 for limited license **and** examination is nonrefundable-check or money order payable: Board of HAD
  
- \_\_\_\_\_ \$100.00 for written examination is nonrefundable- check or money order payable: Board of HAD
  
- \_\_\_\_\_ A recent 2x2 passport size photo
  
- \_\_\_\_\_ Complete signed application (If the application is incomplete it will be returned)
  
- \_\_\_\_\_ 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.mdboardaudhadslp.org](http://www.mdboardaudhadslp.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. To get the correct answer use the Law and Regulation Links on the web site. If you do not have access to a computer, call the Board office to request a copy of the examination and the law and regulations. A license will NOT be issued unless the law examination is passed.**



**7. EDUCATION**

College Attended: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Dates Attended: \_\_\_\_\_ to \_\_\_\_\_

Degree granted \_\_\_\_\_ Date: \_\_\_\_\_

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

**8.** Have you ever been convicted of a felony or a misdemeanor involving moral turpitude?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, write a full explanation on an attached sheet of paper.

**9.** Have you previously been licensed in Maryland?

If yes, License No.: \_\_\_\_\_ Date Expired: \_\_\_\_\_

**10.** Have you previously applied for a license to dispense hearing aids in the State of Maryland or in another state?

If yes, when? \_\_\_\_\_ Where? \_\_\_\_\_

**11.** 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 a full explanation on an attached sheet of paper.

**12.** List other states in which you are currently licensed \_\_\_\_\_

**13.** List any state in which you have previously been licensed \_\_\_\_\_

**14.** If you are now licensed in another state, or have been licensed in another state in the past, please include your full name on the **Hearing Aid Dispenser Licensure Affidavit** included with this application. Send the Hearing Aid Dispenser Licensure Affidavit to the state licensure board(s) and request the board(s) to return the completed form to the Board of Hearing Aid Dispensers, 4201 Patterson Avenue, Baltimore, Maryland 21215-2299.

**15. Have this affidavit completed by a Notary Public**

I do hereby request an examination for the purpose of testing my competency in hearing aid fitting and dispensing, at such time and place as the Board may designate.

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 is not refundable. Fee includes licensure fee if examination is successfully completed.

STATE OF \_\_\_\_\_ CITY OR COUNTY OF \_\_\_\_\_

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 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 \_\_\_\_\_

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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

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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.

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's Law and Regulations for Hearing Aid Dispensers**