

SOUTH DAKOTA
BOARD OF HEARING AID DISPENSERS AND AUDIOLOGISTS
810 North Main #298 • Spearfish, SD 57783
(605) 642-1600

VERIFICATION OF HEARING AND DISPENSER'S LICENSURE IN OTHER STATE

To the Applicant: Complete the top portion and back of this form and forward to the licensing authority/regulatory board in each state in which you were licensed or are currently licensed.

Full Name _____
(Last Name) (First Name) (Middle) (Maiden)

Mailing Address _____
(Street or P.O. Box) (City) (State) (Zip)

License/Certificate No.: _____ Date Issued: _____ Date Exp: _____

To the Licensing authority / regulatory Board: Please provide the information requested below and return directly to the Board address indicated at top of page.

OFFICIAL VERIFICATION OF LICENSURE IN OTHER STATE

I, an Authorized Board Representative of _____ hereby certify that the above
State Licensure Board Name
named individual is/was licensed and was granted State License Number _____ to practice
the fitting and sale of hearing aids in the State of _____ on the _____ day
of _____, _____ on the basis of:

_____ Written Examination _____ Reciprocity with _____
(State)
_____ Endorsement _____ Practicum

Was the IHS examination taken? Yes No, If no, what exam was administered? _____

PLEASE SEND A COPY OF ALL TEST SCORES.

Is the License current? Yes No Expiration Date _____

Complaints and/or disciplinary actions? Yes No

Explanation of above if answer is yes: _____

Authorized Board Representative

(State Seal)

(Signature)

(Please print name)

(Date)

Board Address _____
(Mailing Address)

(City, State, Zip)
Board Telephone Number(____)_____

South Dakota Board of Hearing Aid Dispensers and Audiologists
810 North Main #298
Spearfish, SD 57783

VERIFICATION OF HEARING AID DISPENSING LICENSURE IN OTHER STATE

Directions for applicant:

Complete this side and the top portion of the other side of this form and forward one to each state where you hold or have held a license to practice the fitting and sale of hearing aids.

TO: _____
Name of State Board you were/are licensed as a hearing aid dispenser

I am applying for a license in South Dakota to practice the fitting and sale of hearing aids based on endorsement. I was granted license # _____ by the State of _____.

The South Dakota Board of Hearing Aid Dispensers and Audiologists request that I submit verification that my license in the State of _____ is or was at time of Licensure in good standing.

You are hereby authorized to release any information in your files, favorable or otherwise, directly to the South Dakota Board of Hearing Aid Dispensers and Audiologists. Your early attention is appreciated.

Signature: _____

Print Name: _____

Date: _____

(OVER)