

For Board Use Only—Hearing Aid Dispensers Application

Date Application Received _____ Application Fee \$ _____ \$ _____
 CK# _____ CK# _____
 Date of Written Examination _____ P/F _____
 Date of Practicum Examination _____ P/F _____
 Date Provisional License Issued _____ Provisional License Number _____
 Date Permanent License Issued _____ Permanent License Number _____
 Child Support Data Bank Checked _____

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

APPLICATION FOR LICENSE TO PRACTICE THE FITTING AND SALE OF HEARING AIDS

Type of license requested for Hearing Aid Dispenser: _____ Permanent (\$200.00) _____ Provisional (\$100.00)

Applicant's Name: _____
 (Last) (First) (Initial) (Maiden)

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

Home Telephone: (_____) _____

Date of Birth: _____ Social Security Number: _____

Email Address: _____

Race (please circle one): White Black or African American American Indian or Alaskan Native
 Asian Native Hawaiian or Other Pacific Island Not Listed or Prefer Not to Answer Not Applicable

Gender (please circle one): Male Female Prefer Not to Answer Not Applicable

Ethnicity (please circle one): Hispanic Non-Hispanic Prefer Not to Answer Not Applicable Employer

Name: _____
 (Firm Name) (Telephone Number)

 (Street and P.O. Box if any) (City) (State) (Zip)
 list both street and P.O. Box

Employing Facility: _____
 (Firm Name) (City) (State)

Employer Business Type (please circle one): Unknown Individual Partnership Corporation
 Association LLC LLP Other

I am employed: Full Time _____ Part Time _____

EDUCATION

High School: _____ Year Graduated: _____

Please have proof of high school diploma or GED sent directly to the board office.

EMPLOYMENT RECORD FOR LAST 5 YEARS (Please attach an additional sheet, if necessary.) Employer

Name and Address	Date of Employment	Your Position	Supervisor's Name

PERSONAL REFERENCES

Name	Street Address	City & State	Zip
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

MISCELLANEOUS

1. Have you ever been convicted, plead no contest/nolo contendere, plead guilty to, or been granted a deferred judgment or suspended imposition of sentence or had a prosecution deferred with respect to a felony?
 Yes No
2. Have you ever been convicted, plead no contest/nolo contendere, plead guilty to, or been granted a deferred judgment or suspended imposition of sentence, or had prosecution deferred with respect to a misdemeanor other than a class 2 misdemeanor traffic offense? *It is the applicant's responsibility to confirm whether the infraction is a class 1 or class 2 misdemeanor. Yes No

Please Note: if you answered yes to 1 or 2, provide a personal statement detailing the nature of the crime, whether you think the crime relates to your practice, and description of rehabilitation efforts. You must also submit copies of charges or citations and ALL communications (to and from) the citing agency AND the court of jurisdiction, including evidence of completion/compliance with court requirements. You must attach all communications for a violation to the signed and dated explanation of the violation. Please put correct correspondence in chronological order (most recent first). If you have more than one violation, please do the same for each violation. **This does not include records that have been sealed, expunged, or pardoned.**

3. To your knowledge, has a complaint ever been filed against you, or a company owned by you, with the National Committee on Ethics of the Hearing Aid Industry, the Federal Trade Commissioner or any state licensure board?
 Yes No
If yes, give complete details on a separate sheet, including copies of the court's judgment and any written decisions in that case.
4. Are you currently or have you ever been licensed in another state? Yes No
If yes, in which state or states? _____
Please request a verification of your licensure be submitted directly from the other state to our office at the mailing address at the top of the application or by email to office@sdlicensing.com
5. Has any state rejected your application or revoked your professional license or certificate? Yes No
If yes, give complete details on a separate sheet.

6. Have you taken and passed the IHS examination? Yes No

If yes, please have scores sent directly to Board office by IHS or the verifying state.

7. SDCL 25-A-56 prohibits the issuance of a license of any state regulated license if an applicant owes \$1,000 or more in past due child support. Do you owe \$1,000 or more in past due child support? Yes No

8. Is your spouse an active duty member of the armed forces? Yes No

If yes, was your spouse subject to military transfer to South Dakota? Yes No

If yes, did you leave employment to accompany your spouse to South Dakota? Yes No

By applying for licensure to the South Dakota Board of Hearing Aid Dispensers and Audiologist, I:

* Authorize Board representatives to consult with others who have been associated with me and/or who may have information regarding my competence and qualifications.

* Consent to Board representatives' inspection of all records and documents that may be material to an evaluation of my professional qualifications and competence to carry out the privileges I request, of my physical and mental health status and of my professional and ethical qualifications.

* Release from any liability all Board representatives or any state licensure board for their acts performed in good faith and without malice in connection with evaluation of me and my credentials.

* Release from any liability all individuals and organizations who provide information, including otherwise privileged or confidential information, to the South Dakota Board of Hearing Aid Dispensers and Audiologists in good faith, and without malice concerning my competence, professional ethics, character, physical and mental health, emotional stability, and other qualifications for staff appointment and clinical privileges.

* I declare and affirm under the penalties of perjury that the application has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Applicant's Signature

Print Name (as it is to appear on license)

Date

The Board of Hearing Aid Dispensers and Audiologists does adhere to the Human Relations act of 1972 and therefore does not discriminate against applicants on the basis of race, sex, religion or national origin. In accordance with the American Disabilities Act.

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NOTORIZATION

The applicant _____, having appeared before me and being identified as the same individual by the appropriate identification, being sworn, deposes and says that he/she is the person who executive this application; that the statements herein contained are true in every respect; that he/she has not suppressed any information that might affect this application.

Subscribed and sworn before me this _____ day of _____, _____

My commission expires _____

Signature of Notary Public

(Seal)