

For Board Use Only—Hearing Aid Dispensers Application

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|--------------------------------------|---------------------------------|----------|
| 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_____

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 if you so desire special accommodations please contact this office six weeks prior to the exam.

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 of a crime other than misdemeanor traffic offenses? Yes No
If yes, give complete details on a separate sheet, including copies of the court's judgement and any written decisions in that case.
2. 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.
3. Are you currently or have you ever been licensed in another state? Yes No
If yes, in which state or states? _____
Please complete your portion of the Verification of Out-of-State Licensure Form and forward to the other states for completion and for the State Licensure board to return directly to the South Dakota board office.
4. Has any state rejected your application or revoked your professional license or certificate? Yes No
If yes, give complete details on a separate sheet.
5. 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.
6. 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
7. 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

AFFIDAVIT

State of _____

SS

County of _____

The applicant _____, being duly sworn, declares all statements made in this application are true and correct to the best of his or her knowledge. Furthermore the applicant consents to a thorough investigation of present and past employment and other activities for the purpose of verifying qualifications for the License for which this application is made.

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

My commission expires _____

Notary Public

GENERAL LICENSURE APPLICATION INFORMATION

Every licensee is required to comply with the laws of the State of South Dakota and the Rules and Regulations adopted by the board.

1. Application for licensure must be notarized.
2. Application for licensure must be accompanied by payment of fee made payable to the "State of South Dakota Board of Hearing Aid Dispensers and Audiologists." Fees are non-refundable. No application will be processed without submission of all fees.
3. All documents submitted in support of the application must contain an original signature and be submitted directly to the board from the respondent, not forwarded through the applicant.
4. Return completed application and fee to the board office. A personal check or money order payable to the Board of Hearing Aid Dispensers and Audiologists is acceptable.
5. You will be notified by mail of the date, time, and place at which you shall present yourself for a practicum examination if such action is determined by the board. Bring the audiometer, other testing equipment that you use and a supply of ear impression material with you to the examination. A letter with additional information will be sent to you upon Board approval.
6. The written examination is arranged for you through the Board office.
7. The Board will not review the qualifications of a candidate without receipt of a completed application form, supporting documents, and the fee. Failure to provide all the information on the Application Form will result in delay of processing your application.
8. All applications for a provisional license must be accompanied by a sponsor's affidavit.

GUIDELINES FOR HEARING AID DISPENSER APPLICATIONS BY EXAMINATION

It is the duty of the applicant to secure a sponsor who will train and guide the applicant, using the following guidelines:

1. Applicants must have a thorough understanding of the FDA hearing aid regulations and the IHS Code of Ethics and be able to apply them as required.
2. Applicants are graded on sanitary habits and proper sterilization of equipment.
3. Applicants must be familiar with the Audiometer in use and all its functions. A full audiogram will be required, including Aid Conduction, Bone Conduction, Masking, Speech Reception Threshold, Speech Recognition, Most Comfortable Level, and Uncomfortable Level. The applicant must be able to define and interpret conductive, mixed and sensorineural types of hearing loss from audiogram examples.