SOUTH DAKOTA
BOARD OF HEARING AID DISPENSERS AND AUDIOLOGISTS

810 North Main Street • Suite 298 • Spearfish, SD 57783
(605) 642-1600

RENEWAL APPLICATION

Please Print or Type

For Board Use ONLY
Date: _____ Ck #: _____
Child Support Checked: ❑ OK ❑ NOT OK

Last Name _____

First Name _____

Lic#: _____

Social Security # _____ (Social Security Number's use is intended for purposes of identification related to licensure issues, discipline and other board related issues)

I am not renewing _____. If not renewing, please complete the top portion and return this form to the board office. No additional notices will be sent to you.

Optional Fields: Date of Birth: _____ Gender: M ___ F ___

I prefer all correspondence be addressed to my: Home _____ Practice ____

I am licensed as a Hearing Aid Dispenser _____ I am licensed as an Audiologist _____

Practice Name: _____ I am employed: Full Time ___ Part Time _____

Practice Physical Address: _____
Street City State Zip Code

Practice Mailing Address: _____
P.O. Box or Street City State Zip Code

Employing Facility: _____

Employing Address: _____
P.O. Box or Street City State Zip Code

Home Mailing Address: _____
P.O. Box or Street City State Zip Code

E-mail Address: _____

Home Telephone (_____) _____ Work Telephone (_____) _____

( ) PLEASE CHECK HERE IF THIS IS A CHANGE OF ADDRESS

(over)

Since the date of issuance or renewal of your SD Hearing Aid Dispenser or Audiologist license,

1.) Has this or any other state rejected your application or revoked your professional license or certificate? Yes ❑ No ❑

If yes, which state or states? _____ (Please attach explanation.)

2.) Has any professional association rejected your application for membership or revoked a membership you held? (If yes, attach explanation.) Yes ❑ No ❑

3.) Have you been found guilty of unprofessional conduct by a duly constituted professional organization or convicted by another state licensure board of such unprofessional conduct? Yes ❑ No ❑
(If yes, give full details on a separate sheet.)

4.) Have you been convicted by a court of law for any offense in connection with your practice as a hearing aid dispenser or audiologist? (If yes, attach explanation.) Yes ❑ No ❑

5.) Have you been convicted of a felony after being licensed in the State of South Dakota? Yes ❑ No ❑

6.) SDCL 25-7A-56 prohibits the issuance of renewal 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 ❑

I, _____, (*please print*) hereby apply for licensure renewal by the State of South Dakota Board of Hearing Aid Dispensers and Audiologists. Enclosed is the **$200.00** renewal fee (*check or money order payable to the SD Board of Hearing Aid Dispensers and Audiologists*). I understand that the fee is not refundable. I declare and affirm under penalties of perjury that this application has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

_____ _____
Signature Date

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