

Division of Occupational and Professional Licenses
11341 W. Chinden Blvd., Boise ID 83714 or
PO Box 83720, Boise, ID 83720-0063
Phone: (208) 334-3233 Website: <https://dopl.idaho.gov>
E-mail: shs@dopl.idaho.gov

Recruitment Application for Participation in Hearing Aid Dispensing Practical Examination

Hearing Aid Dispenser License No. _____ Dispensing Audiologist License No. _____

Applicant Information:

1. FULL LEGAL NAME:	LAST	FIRST	MIDDLE
2. STREET ADDRESS			
CITY, STATE, ZIP CODE:			
3. EMAIL ADDRESS:			
4. CURRENT PLACE OF EMPLOYMENT:			

	YES	NO
5. Do you regularly create and perform ear impressions on clients? if YES, how often do you perform ear impressions? # Weekly: _____ # Monthly: _____ Rarely: _____	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you feel comfortable using an impression material cartridge applicator?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you feel comfortable using a syringe?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you service/repair hearing aids in your office? If NO, do you have recent experience repairing hearing aids? When last? Month/Year: _____ What type of repairs? _____	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you record results of the test? (Manual Charting) What type of audiometric equipment do you use? Make/Model: _____	<input type="checkbox"/>	<input type="checkbox"/>

10. Have you ever served as an examiner for the HAD Practical exam before? When? Month/Year: _____

11. What percentage of your time do you spend:

Dispensing: _____% Audiometric Testing: _____% Service/Repair: _____%
Other % (*define tasks*) _____

12. During audiometric testing, what percentage of the following groups describe your practice?

No Bone or Masking Required _____% Bone Without Masking _____%
Bone With Masking _____%

13. Please list your previous places of employment covering the previous five (5) years

1. Employer: _____ Address: _____ Phone Number: _____ Dates of Employment: _____	3. Employer: _____ Address: _____ Phone Number: _____ Dates of Employment: _____
2. Employer: _____ Address: _____ Phone Number: _____ Dates of Employment: _____	

14. Have you had any complaints or discipline against your license? If yes, please explain:

15. Are you a member of any professional organization(s)? If yes, please note which ones:

16. Why do you want to be an examiner for the practical examination?

3 Idaho Continuing education units will be awarded for each exam proctored

**These CEUs may not be accepted by associations or organizations other than the
Idaho Board**

****Please attach a current resume and three professional letters of reference.****

I hereby certify under penalty of perjury under the laws of the State of Idaho that all statements made herein are true in every respect and that misstatements or omissions of material facts may be cause for denial of this application, or for suspension or revocation of a license.

APPLICANT SIGNATURE: _____

DATE SIGNED: _____

Idaho CEU's awarded: _____

Board Chair Signature _____ Date: _____