

IDAHO SPEECH, HEARING AND COMMUNICATION SERVICES LICENSURE BOARD

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

APPLICATION INSTRUCTIONS FOR HEARING AID DEALER AND FITTER LICENSE BY ENDORSEMENT

Please read all application questions carefully. Several questions, if answered Yes, require additional documentation. You are required to contact the source of the required documentation and request that said documentation be submitted directly to the Board office at the address above. If the source will not provide the documentation, or the documentation is otherwise unobtainable, you must submit a written explanation and any documents in your possession that would assist the Board in reviewing your application. Completed licensure applications along with all requested documentation must be received in the Division of Occupational and Professional Licenses at least 7 business days prior to the next scheduled meeting. Applications received after that date may be held over for the Board's next meeting. Processing will be delayed for applications that do not include a social security number or other documentation required under Idaho Code § 73-122. **Incomplete applications that do not include all the items required (excluding those items that must be sent directly to our office from an issuing authority) will delay licensure.**

Application Checklist for Endorsement - Please keep a copy of this application for your records.

Please use this checklist as a guide to completing your application. **This method is for those who have a current license in another state with requirements substantially similar to Idaho's. Those seeking licensure for the first time should fill out the original license application.**

- Completed application. All requested information must be provided and the form must be notarized.
- Full name currently being used. Also include any other names previously used. (If the name on your application does not match supplemental materials, such as the proof of age document or the transcripts, please provide proof of the name change in the form of a marriage certificate, divorce decree or court order.)
- Proof of age – a clear and readable color copy of a government-issued photo ID such as a passport, military ID, or valid driver's license is acceptable.
- Official certification of successful exam completion sent directly to our office from the interstate reporting service.
- Certification of licensure sent directly to our office from all state(s) where you are currently or have ever been licensed.
- You may be required to provide a copy of the licensure Laws/Rules from the state where you are currently licensed.
- Applicable fees of \$95.00.

APPLICATION FEE - \$25.00 LICENSE FEE - \$70.00

FEES ARE NOT REFUNDABLE. Please make checks and money orders payable to DOPL. All returned checks are subject to a \$20.00 fee and the application will be invalid

All applicants must review the Idaho laws & rules prior to licensure. Please note that according to Section Idaho Code § 54-2904, you must be licensed to practice. The Board's Laws and Rules may be downloaded at: <https://dopl.idaho.gov>.

Definitions

Definitions pertaining to the practice of Hearing Aid Dealers and Fitters in the State of Idaho may be found in Idaho Code § 54-2903. Please review the laws and rule on the website: <https://dopl.idaho.gov>.

License Requirement

Except as otherwise provided by law, it shall be unlawful for any person to engage in the practice or to perform or offer to practice audiology or to act as a hearing aid dealer or fitter unless such person is duly licensed. A license issued by the Board shall be posted in the licensee's established place of business or carried upon the person, and shall be presented as proof of licensure upon demand.

A.D.A. NOTICE

If you have a disability as defined under the Americans with Disabilities Act, and you require special examination accommodation, please attach a written request for special accommodation that identifies the specific services being requested to meet your special needs. A request for special accommodation must be accompanied by current & historical medical documentation identifying your disability and supporting the need for the accommodations being requested.

ATTENTION MEMBERS AND SPOUSES OF MEMBERS OF THE ARMED SERVICES

If you are a member of the armed forces, an honorably discharged veteran or the spouse of an active member or veteran of the military, you are entitled to certain benefits because of your service. Those benefits may include expedited processing of your application and credit for military training that is relevant to the occupational license/registration for which you are applying. For a full explanation of eligibility and a comprehensive description of benefits available, see [Idaho Code §§ 67-9401-9407](#). Additionally, active members of the military may be eligible for a waiver of renewal fees and other renewal requirements, see [Idaho Code § 67-2602A](#).

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APPLICATION FOR HEARING AID DEALER & FITTER LICENSE BY ENDORSEMENT - \$95

I hereby submit my qualifications and application for a hearing aid dealer & fitter license in the State of Idaho by endorsement under the provisions of Title 54, Chapter 29, Idaho Code, and I provide the following:

1. **Full Name (Mr., Mrs., or Ms.)** _____
(Please include any other names used previously or currently. Legal documentation of any name changes is required if any supporting documentation includes other names.)

2. **Address of Record** _____
(The above address is a public record.) Street City State Zip

3. **Mailing Address** _____
(Will be used as address of record if none provided above.) Street/PO Box City State Zip

4. **Date of Birth** ____ / ____ / ____
mm dd yyyy
(Proof of age – a clear and readable color copy of a government-issued photo ID such as a passport, military ID, or valid driver’s license must be attached.)

5. **Social Security No.** ____ / ____ / ____ **E-mail** _____
(This is not a public record; required by I.C. § 73-122.) (This is not a public record; required by I.C. § 67-2609.)

6. **Business Phone** (____) _____ **Cell Phone** (____) _____
(The above phone number is a public record.) (The above phone number is not a public record.)

7. **Are you or your spouse an active member or honorably discharged veteran of the United States Armed Services?**
(To utilize experience or education gained in the military to qualify you for this license/registration, please attach a copy of your DD-214.) Yes No

8. **Have you ever taken the International Hearing Instrument Studies examination?** Yes No
(If Yes, we must receive official certification from the interstate reporting service before your application will be processed.)

If you received your education outside of the United States, the board may deem such education acceptable. You must provide documentation acceptable to the board, that equivalent education requirements have been met. The board, in its discretion, may require that you provide additional information concerning such education. The board may also, in its discretion, require successful completion of additional coursework before proceeding with the application process.

9. **Have you ever been licensed, registered, or certified to practice this or any profession in any other state, country, or territory?** Yes No
(If Yes, certification of licensure must be received directly from the licensing authority or received in a print out from the issuing authority website guaranteeing primary source verification before your application will be processed.)
Please list every state where you are currently or have ever held licensure or practiced in this field:

10. **Have you ever had a license, or registration revoked, suspended or otherwise sanctioned or been disciplined in connection with this practice?** Yes No
(If Yes, a copy of the charges and the final order must be received before your application will be processed.)

11. **Have you ever voluntarily surrendered a license, certification, or registration?** Yes No
(If Yes, a written explanation of the circumstances surrounding the surrender must be attached.)

12. **Have you ever been convicted, punished, found guilty, pled guilty or nolo contendere, entered an Alford plea, or received a withheld or suspended judgment for a felony or crime other than a minor traffic offense?** Yes No
(If yes, the Criminal Conviction Disclosure Form, official court documents, and probation and parole documents along with any other relevant information must be received with this application.)

APPLICATION FOR HEARING AID DEALER & FITTER LICENSE

(continued)

AFFIDAVIT

Upon oath I certify each of the following: (1) the responses and information provided in this application and in the attached addendum(s) and documentation are true and correct to the best of my knowledge; (2) I am the applicant named in and who has signed this application; (3) I am a United States citizen or a legal permanent resident or I am otherwise lawfully present in the United States; (4) I have read and will conform to the Laws and Rules governing the profession for which I am seeking a license or authority to practice; (5) I acknowledge and agree the use of intentional misrepresentation or fraud in this application or violation of any Laws or Rules governing the profession for which I am seeking a license or authority to practice shall constitute cause sufficient for denial, suspension, cancellation or revocation of any license or authority applied for or granted to me; (6) I will provide additional or corrected information if material changes occur which would cause responses or information provided in or with this application to be inaccurate or incomplete; (7) I authorize and direct any person, agency, firm, or other entity to release, upon the request of the Idaho Division of Occupational and Professional Licenses or its authorized representative, any information, communication, report, record, statement, disclosure, or recommendation that may have bearing on my eligibility for or maintenance of the license or authority for which I am applying and hereby release and exonerate any of them from any liability of any kind resulting from the release or collection thereof; and (8) I authorize the Division of Occupational and Professional Licenses to release to any other regulatory entity in any jurisdiction any information requested about me that may otherwise be protected or confidential that may have bearing on my eligibility for or maintenance of any license or authority issued or applied for in this or any jurisdiction and hereby release and exonerate them from any liability of any kind resulting from the release thereof.

Signature of Applicant

State of _____, County of _____, ss.

Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

Notary Public Official Signature
My Commission Expires _____

Note: The applicant’s signature must be notarized. The applicants must declare the answers provided are true in front of a notary (jurat). The language “subscribed and sworn” must appear before the applicant’s signature. An “acknowledgement” where the notary only verifies the identity of the applicant is not acceptable.