

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 AN ORIGINAL HEARING AID DEALER AND FITTER LICENSE

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.**

Once the Board has approved you for exam, you will receive instructions about the practical exam from the Board. The International Hearing Society (IHS) will send instructions on how to register and pay for the theory portion. IHS requires a valid email address to schedule the exam.

Application Checklist for Original License – 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 are new licensees. Those who are licensed in another state with requirements substantially similar to Idaho should fill out the endorsement application.** Please remember any supporting documentation must come directly from the issuing source.

- 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.
- Copy of official transcripts sent directly to our office from the issuing authority.
- Any other supporting documentation (See Questions 9 through 13).
- Applicable fees of \$195.00.

APPLICATION FEE - \$25.00 LICENSE FEE - \$70.00 PRACTICAL EXAMINATION FEE - \$100.00

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>.

Please keep a copy of this application for your records.

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.

Provisional Permit

The Board may issue a provisional permit to allow a person to engage in fitting and dealing hearing aids pursuant to rules adopted by the Board. The holder of a provisional permit may practice only while under the supervision of a person fully licensed. (See Rule 450.) **Please use the Provisional Permit Application form.**

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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Please include a \$25.00 application fee, a \$70.00 license fee, and a \$100.00 practical examination fee (\$195 total if taking exam) with this application NOTE: If you are approved for exam, the International Hearing Society (IHS) will send instructions on how to register and pay for the theory examination. There is an additional fee for this examination, which is payable directly to the testing company.

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

- 1. Full Name (Mr., Mrs., or Ms.)
2. Address of Record
3. Mailing Address
4. Date of Birth
5. Social Security No. E-mail
6. Business Phone Cell Phone
7. Are you or your spouse an active member or honorably discharged veteran of the United States Armed Services?
8. Have you successfully graduated from a 4 year accredited high school or the equivalent?
9. Have you ever taken the International Hearing Instrument Studies examination?

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.

- 10. Are you currently or have you ever been licensed or practiced in this field in another state?

- 11. Have you ever had a license, or registration revoked, suspended or otherwise sanctioned or been disciplined in connection with this practice?

- 12. Have you ever voluntarily surrendered a license, certification, or registration?

- 13. 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?

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.