

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 PROVISIONAL PERMIT

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.**

NOTE: Upon termination of supervision, a new permit may be applied for in accordance with these rules, provided that the expiration date of the new permit is adjusted.

Application Checklist for Hearing Aid Dealer Provisional Permit – Please keep a copy of this application for your records.

Please use this checklist as a guide to completing your application. Please remember any supporting documentation must come to the address above 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.)
- Supervisor Registration Form signed and notarized.
- Plan for Supervision Signed and Notarized.
- Assigned Duties and Preparatory Training Addendum Completed.
- 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.
- A copy of your high school diploma, GED or Official College Transcripts.
- Any other supporting documentation (See Questions 7 through 11).
- Applicable fees of \$95.00.

APPLICATION FEE - \$25.00

PROVISIONAL PERMIT FEE - \$70.00

FEES ARE NOT REFUNDABLE. Please make checks and money orders payable to IDOPL. 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

Please review the laws and rules regarding provisional permits on the website: <https://dopl.idaho.gov>.

Supervisor Responsibilities

The supervisor shall be familiar with State Licensure Rule 450 for Hearing Aid Dealers and Fitters and all laws and rules regarding hearing aid dealing and fitting. Please note that the relationship of a permit holder and their supervisor is public information. Anyone can request the information using a public records request. Further, approved supervisors are listed on the Bureau's website and may be identified with their provisional permit holders.

Quarterly Reports

The maximum time allowed for Hearing Aid Dealers and Fitters permits is 24 months. Every permit holder must submit a quarterly report of their activities together with supplemental attachments as may be necessary, attested to and signed by the permit holder and the supervisor of record. Quarterly reports are due on or before April 10th, July 10th, October 10th and January 10th for the three (3) months preceding the month due. If the permit has not been in effect for the entire quarter, the report is due for that portion of the quarter in which the permit was in effect. If quarterly reports are not received by the specified due date, the permit may be revoked.

NOTE:

A new permit must be applied for if your employment or supervisor changes.

-Continued-

Exemptions

A permit holder who is board Certified by National Board for Certification in Hearing Instrument Sciences (NBC-HIS) shall be exempt from the daily contact requirement, and from the requirement to work in the same facility as the supervisor, and from the plan and progress report requirement from the date of issuance of the permit until the date of the next offered licensing examination. Failure of the licensing examination or failure to take the next offered licensing examination requires Board approval to continue this exemption. (See Rule 450.05)

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](#).

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.

**APPLICATION FOR PROVISIONAL PERMIT
ADDENDUM**

PLAN FOR SUPERVISION

My plan for supervising the named permit holder includes the following:

1. Daily contact schedule for supervisory sessions _____
2. Weekly contact schedule for supervisory sessions _____
3. My plan for client chart/record review, including frequency & nature of review, is as follows:

4. During the performance of the permit holder's duties I will be regularly present on site for a minimum of _____ hours per day/week (select one).
5. My written record of all supervisory sessions, including the amount of time I was available on site while the permit holder was performing duties and how I determined that time, will be maintained as follows: _____

6. I have attached additional information which may assist the Board in evaluating this application. Yes No
(Please list additional documentation below)

7. Have you been the subject of any disciplinary action by the Board or by any other jurisdiction in the past two (2) years?
 Yes No
8. Do you meet the requirements under Rule 450 to serve as a supervisor? Yes No

SUPERVISOR AFFIDAVIT

I hereby certify that the responses provided on the preceding addendums are true and accurate to the best of my knowledge and belief. I further certify that I have read and will comply with the Idaho Speech and Hearing Services Licensure Board's Laws and Rules and those ethical standards adopted by the Board. I further certify that I will supervise the work of the applicant named until such time as I provide written notice by certified mail to the Board of the termination of my supervision. I further certify that I will be responsible for all practice and the ethical conduct of the named applicant while under my supervision, and that I may not supervise more than two (2) permit holders at a time. I understand that my failure to comply with the laws and rules governing the supervision of a permittee may result in disciplinary action against my license.

Print Applicant Name

Print Supervisor Name & Idaho License #

Signature of Supervisor

State of _____, County of _____, ss.

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

(seal)

Notary Public Official Signature
My Commission Expires _____

**IDAHO SPEECH AND HEARING SERVICES LICENSURE BOARD
APPLICATION FOR PROVISIONAL PERMIT**

Assigned Duties & Preparatory Training Addendum

ASSIGNED DUTIES

Clearly identify each duty to be assigned to the applicant. Include information on the types of therapeutic services provided and the populations served.

a.

b.

c.

d.

e.

TRAINING OR PREPARATION

Clearly identify the training or preparation the applicant will or has received in order to perform each of the duties listed. Please include training, workshops or preparation that must occur to allow the applicant to perform all assigned duties such as billing, documentation or skills not yet acquired as it pertains to the listed assigned duties.

a.

b.

c.

d.

e.