

# IDAHO SPEECH, HEARING AND COMMUNICATION SERVICES LICENSURE BOARD

## Idaho Bureau of Occupational Licenses

700 West State Street, Boise, 83702 or

PO Box 83720, Boise, ID 83720-0063

Phone: (208) 334-3233 Fax: (208) 334-3945

Website: [www.ibol.idaho.gov](http://www.ibol.idaho.gov) E-mail: [shs@ibol.idaho.gov](mailto:shs@ibol.idaho.gov)

### **APPLICATION INSTRUCTIONS FOR HEARING AID DEALER AND FITTER LICENSE BY ENDORSEMENT**

The requirements noted below are for general information only. Please review the applicable laws and rules for the complete licensure requirements. 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. All requested information must be provided. Processing will be delayed for applications that do not include a social security number or other documentation required under Idaho Code § 73-122. Completed licensure applications along with all requested documentation must be received in the Bureau of Occupational 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.

#### **Application Checklist for Endorsement**

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.** Please remember any supporting documentation must come directly from the issuing source.

- Applicable Fees. (\$100 total)
- Full Name, other names known by.
- Mailing and Business Addresses. (If no business address, write same).
- Proof of Age (birth certificate, passport, military ID, or valid driver's license).
- Contact number or email.
- Verification of Licensure from any states you have held or currently hold a license.
- You may be required to provide a copy of the licensure Laws/Rules from the state where you are currently licensed.
- Application Signed and Notarized.

**NOTE: Requirements for Licensure by Endorsement in the State of Idaho may be found in Idaho Code § 54-2904**

#### **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: [www.ibol.idaho.gov](http://www.ibol.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 Military Service Members and Veterans**

Please note that state professional and occupational licensing boards may accept your military education, training, and experience toward meeting the qualifications for a license, certification or registration. Boards may also expedite your application or the application of your spouse. See <https://legislature.idaho.gov/statutesrules/idstat/Title67/T67CH26/SECT67-2620/>

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**APPLICATION FOR HEARING AID DEALER & FITTER LICENSE BY ENDORSEMENT**

Please include a \$30.00 application fee and a \$70.00 license fee (\$100 total) with this application (there is a \$20 fee for all returned checks). All completed applications must be approved by the Idaho Speech, Hearing and Communication Services Licensure Board at a regularly scheduled meeting. Review of incomplete applications may be delayed.

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** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Place of Birth** \_\_\_\_\_  
mm dd yyyy (Proof of age in the form of a copy of birth certificate, passport, military ID, or valid driver's license must be attached.)

5. **Social Security No.** \_\_\_\_/\_\_\_\_/\_\_\_\_ **E-mail** \_\_\_\_\_  
Not a public record; collected by I.C. § 73-122 (This is required for those taking the exam, but it not a public record.)

6. **Business Phone** (\_\_\_\_) \_\_\_\_\_ **Cell Phone** (\_\_\_\_) \_\_\_\_\_ **Fax** (\_\_\_\_) \_\_\_\_\_  
(The above phone number is a public record.)

7. **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.

8. **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 or information regarding prior practice must be received directly from the issuing authority before your application will be processed.)  
Please list every state where you are currently or have ever held licensure or practiced in this field:

9. **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.)

10. **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.)

11. **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, a detailed statement, a summary of the charges, the final order, any probation or parole documentation, and any other relevant information must be received before your application will be processed.)

**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 Bureau of Occupational 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 Bureau of Occupational 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 \_\_\_\_\_