

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 E-mail: shs@ibol.idaho.gov

APPLICATION INSTRUCTIONS FOR HEARING AID DEALER AND FITTER PROVISIONAL PERMIT

The requirements noted below are for general information purposes only. Please review the applicable laws and rules for complete requirements. Please read the questions carefully. Several questions, if answered Yes, require additional documentation. You are required to contact the source of the required documentation and request that documentation be submitted directly to the Board office at the address above. Please complete the entire application by providing all of the requested information. Your signature must be notarized and the appropriate fees must be attached. The Board will consider only completed applications. *Processing will be delayed for applications that do not include a social security number or other documentation required under Idaho Code § 73-122. 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 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.

- Applicable Fees.
- 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.
- A copy of your high school diploma, GED or Official College Transcripts.
- Any other supporting documentation (See Questions 6 through 10).
- Application Signed and Notarized.
- Plan for Supervision Signed and Notarized.
- Assigned Duties and Preparatory Training Addendum Completed.
- Supervisor Registration Form signed and notarized.

All requested information, application fee, and initial permit fee must be provided. Failure to provide a complete application will result a delay in processing. All returned checks are subject to a \$20.00 fee.

APPLICATION FEE	\$30.00
AND	
PROVISIONAL PERMIT FEE	\$100.00

Definitions

Please review the laws and rules regarding provisional permits on the website: www.ibol.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.

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)

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APPLICATION FOR HEARING AID DEALER AND FITTER PROVISIONAL PERMIT

Please include a \$30.00 application fee and a \$100.00 permit fee with this application. Applications will not be reviewed by the Board until they are complete.

I hereby submit my qualifications and application for a provisional permit to practice as a Hearing Aid Dealer & Fitter in the State of Idaho under the provisions of Title 54, Chapter 29, Idaho Code, and provide the following:

- 1. Full Name (Mr., Mrs., or Ms.)
2. Address of Record
3. Mailing Address
4. Date of Birth / / Place of Birth
5. Social Security No. / / E-mail
6. Business Phone () Cell Phone () Fax ()

Please provide a copy of your high school diploma, GED or college transcripts.

- 7. Have you ever been licensed, registered, or certified to practice this or any profession in any other state, country, or territory?
8. Have you ever had a professional license, certification, or registration revoked, suspended or otherwise sanctioned?
9. Have you ever been convicted, found guilty, received a withheld judgment, suspended sentence or punished for a felony or crime other than a minor traffic offense?

10. The entire APPLICATION ADDENDUM must be completed and attached.

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

**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.