

**IDAHO SPEECH AND HEARING SERVICES LICENSURE BOARD
BUREAU OF OCCUPATIONAL LICENSES
700 West State Street, P.O. Box 83720
Boise, Idaho 83720-0063**

APPLICATION INSTRUCTIONS FOR HEARING AID DEALER AND FITTER LICENSE

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 below. 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. For those applying for the original license, the practical exam fee of \$100 must accompany the \$130 license and application fees. Only complete applications will be reviewed by the Board. 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

Please use this checklist as a guide to completing your application. Please remember any supporting documentation must come directly from the issuing source.

ORIGINAL LICENSE

- Applicable Fees. (\$230 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.
- Official Transcripts.

- E-mail address must be provided for those taking the IHS exam.
- Any other supporting documentation (See Questions 7 through 11).
- Application Signed and Notarized.

Requirements for Licensure in the State of Idaho may be found in Idaho Code 54-2904

OR

ENDORSEMENT FROM ANOTHER STATE

- Applicable Fees. (\$130 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 in which you are currently licensed.
- Application Signed and Notarized.

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.

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.

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APPLICATION FOR HEARING AID DEALER & FITTER LICENSE

Please include a \$30 application fee, a \$100 license fee, and a \$100 practical examination fee if applying for original license, with this application. Applications will not be reviewed by the Board until they are complete. 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 \$225 fee for this examination, which is payable directly to the testing company. All returned checks are subject to a \$20.00 fee.

Under the provisions of Title 54, Chapter 29, Idaho Code, I hereby submit my qualifications and application for a hearing aid dealer & fitter license in the State of Idaho for an () Original License or () Endorsement from **Another State**, and I provide the following:

1. **Full Name** (Mr. or Ms.) _____
(Please include any other names used previously or currently.)

 2. **Mailing address** _____
(This will be used as the address of record if none is provided below) Street/PO Box City State Zip

 3. **Address of Record** _____
(This address is public record) Street/PO Box City State Zip

 4. **Date of Birth** ____/____/____ **Place of Birth** _____ **SS #.** ____/____/____
mm dd yyyy
(Proof of age must be attached. A copy of your birth certificate, passport, military ID, or valid driver's license is acceptable.)

 5. **Business phone** (____) _____ **Fax** (____) _____ **E-mail** _____
(The above phone number is a public record) (This is required for those taking the exam)

 6. **Have you successfully graduated from a 4 year accredited high school or the equivalent?** () Yes () No
(Official transcripts noting said graduation or equivalent must be received by this office directly from the school registrar.)

 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. **Are you currently or have you ever been licensed or practiced in this field in another state?** () 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 the state(s) where you have 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 crime other than a 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

I hereby attest under penalty of perjury that I am of good moral character and temperate habits and that the responses provided and those attached to this application are true and accurate to the best of my knowledge and belief. I further attest that I have reviewed and will comply with the Idaho Laws and Rules and those ethical standards adopted by the Board that govern the practice for which I am applying.

I hereby authorize and direct any person, agency, firm, or other entity to release, upon the request of the Bureau of Occupational Licenses or its authorized representative, any information, communication, report, record, statement, recommendation, or disclosure that may have bearing on my eligibility for or maintenance of the license for which I am applying. I understand that by signing this form I am authorizing the release of information about me that may otherwise be protected or confidential.

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 _____