Commonwealth of Virginia
Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400
Richmond, Virginia 23233-1485
(804) 367-8509
www.dpor.virginia.gov

Department of Professional and Occupational Regulation

Board for Hearing Aid Specialists and Opticians
HEARING AID SPECIALIST LICENSE APPLICATION

A check or money order payable to the TREASURER OF VIRGINIA,
***or* a completed credit card insert must be mailed with your application package.**
APPLICATION FEES ARE NOT REFUNDABLE.

Select **one** license type you are requesting:

X	License Type	Trans	Fee
☐	2101 - Hearing Aid Specialist by Exam	1010	$215.00
☐	2101 - Hearing Aid Specialist by Reciprocity	1012	$215.00
☐	2101 - Physician licensed to practice in Virginia and certified by the American Board of Otolaryngology or eligible for such certification	1010	$125.00
☐	2101 - A Virginia licensed audiologist, who has earned a doctoral degree in audiology	1010	$125.00

1. Have you Passed the International Licensing Examination for the Hearing Instrument Dispenser (ILE)?
   - No ☐ Applicants must pass the International Licensing Examination for the Hearing Instrument Dispenser. (unless an exemption is permitted as indicated in question 13.A or 13.B.). The cost of this exam is **not** included in the application fee.
   - Yes ☐ If yes, attach a copy of your current ILE certificate.

2. Have you ever held a Hearing Aid Specialist License issued by the Virginia Board for Hearing Aid Specialists and Opticians?
   - No ☐
   - Yes◆ ☐ VA Hearing Aid Specialist No. 2101_____ Expiration Date _____
     - ◆ If yes and your license expired more than 30 days ago, but less than 2 years ago, you are required to **reinstate** your Virginia Hearing Aid Specialist License by completing a *Hearing Aid Specialist License Reinstatement Application*. DO NOT COMPLETE THIS LICENSE APPLICATION.
     - ◆ If yes and your license expired 2 or more years ago, you are required to reapply for licensure on this application.

3. Full Legal Name (As it appears on your government issued ID or other legal documentation.)

   Last (required) _____ First (required) _____ Middle _____ Generation _____

4. Provide at least **one** of the following identification numbers✳:
   - ☐ ***Social Security Number*** *and/or* ___ - ___ - ____
   - ☐ ***Virginia*** DMV Control Number _____
   - ➢ Enter the same identification number as used on examination, previous applications or licenses on file with the department.
   - ✳ State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the ***Virginia*** Department of Motor Vehicles.

5. Date of Birth _____ (Must be at least 18 years of age.)
   MM/DD/YYYY

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
					2101	

6. Maiden Name or Former Surname(s) _____

7. Mailing Address (PO Box accepted)
The mailing address will be printed on the license.
_____
_____ _____ _____
City State Zip Code

8. Street Address (PO Box not accepted)
PHYSICAL ADDRESS REQUIRED
☐ Check here if Street Address is the same as the Mailing Address listed above.
_____
_____ _____ _____
City State Zip Code

9. Contact Numbers
_____ _____ _____
Primary Telephone Alternate Telephone Fax

10. Email Address _____
Email address is considered a public record and will be disclosed upon request from a third party.

11. Are you currently working in the professional field of a Hearing Aid Specialist?
No ☐
Yes ☐ If yes, provide the following information for the current employer:
Current Employer's Name _____
Current Employer's Address _____
_____ _____ _____
City State Zip Code

12. Do you have a current or expired hearing aid specialist license, certification, or registration from another state?
No ☐
Yes ☐ If yes, list all the licenses, certificates and registrations in the following table. ***A Certification of Licensure/Letter of Good Standing***◆, must be submitted directly from the state board/regulatory body directly to the Board section, dated within the last 60 days from each state.

State/Jurisdiction	Did you pass a practical exam?	License, Certification or Registration No.	Expiration Date
	No ☐ Yes ✳ ☐		
	No ☐ Yes ✳ ☐		
	No ☐ Yes ✳ ☐		

✳ If yes, list the state and date of the exam: _____

◆ Certifications of Licensure/Letter of Good Standing, prepared by the state board or regulatory body must include: 1) the license/certification/ registration number; 2) the initial date of licensure; 3) the expiration date of the license or renewal fee; 4) the means of obtaining licensure (i.e. exam, reciprocity, etc.) and the minimum requirement that were met to qualify for licensure; and 5) all closed disciplinary actions resulting in a violation or undetermined finding.

13. A. Are you a Virginia licensed physician and certified by the American Board of Otolaryngology or eligible for such certification?
No ☐
Yes ☐ If yes, attach a copy of your Virginia license and certification from the American Board of Otolaryngology or documentation showing eligibility from the American Board of Otolaryngology.
➢ *A Physician licensed to practice in Virginia and certified by the American Board of Otolaryngology or eligible for such certification shall not be required to pass an examination.* ***Skip to question #18.***

B. Are you a Virginia licensed audiologist **and** who has earned a doctoral degree in audiology?

No ☐

Yes ☐ If yes, attach a copy of your Virginia license and a transcript showing evidence of the doctoral degree.

➢ *All Virginia licensed audiologist who have earned a doctoral degree in audiology are not required to pass an examination.* ***Skip to Question #18.***

14. Do you have a current or expired Hearing Aid Specialist Temporary Permit issued by the Virginia Board for Hearing Aid Specialists and Opticians?

No ☐

Yes ☐ If yes, provide your Virginia Hearing Aid Specialist Temporary Permit number and attach a completed *Hearing Aid Specialist Training & Experience Form*.

Temporary Permit No. 2 1 0 2 _ _ _ _ _ _ Expiration Date _____

➢ *All Hearing Aid Permit holders must complete six (6) months of training before being referred for testing by their sponsors.*

15. Did you complete a Virginia apprenticeship with the Virginia Department of Workforce Development and Advancement?

No ☐

Yes ☐ If yes, attach a completed *Virginia Department of Workforce Development and Advancement form* available from your apprenticeship representative.

16. Did you complete training at an accredited college/university or are you able to provide notarized documentation of completion of the required experience and training?

No ☐ If you answered "no" to questions 15-17, you are **not eligible** to take the Hearing Aid Specialist Exam.

Yes ☐ If yes, attach a certified copy of a transcript showing courses completed at an accredited college/university or other notarized documentation demonstrating completion of the required training and experience.

17. List below your professional hearing aid-related experience (see regulation 18VAC80-20-30):

Date		Employer's Name & Address	Description of Duties	Supervisor's Name & Title
From	To			

18. Have you ever been subject to a disciplinary action taken by any (including Virginia) local, state or national regulatory body?

No ☐

Yes ☐ If yes, complete the Disciplinary Action Reporting Form.

19. A. Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **felony**? *Any plea of nolo contendere shall be considered a conviction.*

No ☐

Yes ☐ If yes, complete the Criminal Conviction Reporting Form.

B. Have you been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **misdemeanor** (non-marijuana drug distribution)?

No ☐

Yes ☐ If yes, complete the Criminal Conviction Reporting Form.

Consent to Suits

By signing this application, you acknowledge that if you are not a Virginia resident, or move outside of Virginia while you hold a *Virginia Hearing Aid Specialist License*, you understand that this application serves as a written power of attorney, whereby you appoint the Director of the Department of Professional and Occupational Regulation, and his/her successors in office, to be your true and lawful agent and attorney-in-fact, in your stead, upon whom all legal process against and notice to you may be served and who is hereby authorized to enter an appearance on your behalf in any case or proceedings arising out of the trade or profession practiced; and that by submitting this application you hereby agree that any lawful process against you which is duly served on said agent and attorney-in-fact shall be of the same legal force and validity as if served upon you.

20. By signing this application, I certify the following statements:

- I am aware that submitting false information or omitting pertinent or material information in connection with this application will delay processing and may lead to license revocation or denial of license.
- I will notify the Board of any changes to the information provided in this application prior to receiving the requested license, certification, or registration including, but not limited to any disciplinary action or conviction of a felony or misdemeanor (in any jurisdiction).
- I authorize the Department to verify information concerning me or any statement in this application from any person, or any source the department may contact. I also agree to present any credentials or documents required or requested by the Department.
- I authorize any federal, state or local government agency, current or former employer, or other individual or business to release information which may be required for a background investigation.
- I have read, understand and complied with all the laws of Virginia related to this profession under the provisions of Title 54.1, Chapter 15, of the *Code of Virginia* and the *Virginia Board for Hearing Aid Specialists and Opticians; Hearing Aid Specialist Regulations*.

Signature _____ Date _____