



GEORGIA STATE BOARD OF HEARING AID DEALERS AND DISPENSERS
237 Coliseum Drive, Macon, Georgia 31217-3858
Phone (478) 207-2440 * www.sos.state.ga.us/plb/hearingaid

APPLICATION FOR A TRAINING PERMIT
(and Renewal Form for Training Permits issued)

Please read the instructions carefully and be familiar with the laws and rules governing the practice of hearing aid dealers and dispensers in the State of Georgia. Visit the following web site for information: www.sos.ga.gov/plb/hearingaid

The Board cannot process incomplete applications. If any item is missing, incomplete or incorrect, your application cannot be reviewed by the Board. Please review this application before you submit it to ensure that all information and documentation is complete and correct. Incomplete applications result in delayed processing. Incomplete applications are void after one year.

Application Checklist

Your **NON-REFUNDABLE** fee must be included with the application. Please use this checklist to ensure that you submit a COMPLETE application.

- NOTARIZED APPLICATION:** The application must be mailed to the Board's office at the address listed above, along with your **NON-REFUNDABLE FEE**. All questions must be answered. Any question answered "yes", requires further documentation to be submitted. Attach copies of official court documents and a written explanation if you have had any criminal convictions or charges, or sanctions by another state licensing board. Approval of a training permit is at the Board's discretion.
- PROOF OF SUPERVISION BY A GEORGIA LICENSED DISPENSER:** Supervisor's Dispenser's Statement on the application must be completed by a Dispenser with a current license to practice in Georgia. Trainees must be **under the direct supervision and immediate observation** of a licensed dispenser.
- SECURE AND VERIFIABLE DOCUMENT and AFFIDAVIT OF CITIZENSHIP are required documents (see pages 4 & 5)**
- TO SUBMIT A RENEWAL REQUEST FOR AN ALREADY ISSUED TRAINING PERMIT:** Use this form, being sure to check the box titled "Renewal" on page 2 of this form. The renewal request must be received and processed prior to the expiration of the initial permit issued.

PLEASE NOTE:

There are no exams required for a training permit to be issued. If you wish to eventually become fully licensed, you must take and pass the practical exams and the national exam (ILE). In order to be made eligible to sit for these exams, you must submit either an Apprentice Permit application, or an application for licensure as a Hearing Aid Dispenser. An application for a training permit will NOT make you eligible to sit for any of the required exams for an Apprentice Permit and/or Hearing Aid Dispenser.

The holder of a training permit may apply for an apprentice permit at any time pursuant to Board rules, however, both permits cannot be held at the same time.

FOR BOARD USE ONLY
 Amount Submitted _____
 Date _____
 Receipt # _____



FOR BOARD USE ONLY
 Certificate Number _____
 Date Issued _____
 Applicant No. _____

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(Please check one of the following, completing all requested information)

_____ **Application for Hearing Aid TRAINING PERMIT**

_____ **Renewal of a Hearing Aid Training Permit # HAP** _____

(Paper renewal Form ONLY Accepted, NO online renewals)

Application/Renewal Fee: \$50.00 (non-refundable)

PART I – PERSONAL INFORMATION

1. Name _____
 Last First Middle Maiden

Name as shown on exam records or transcripts:
 (if different) _____
 Last First Middle Maiden

2. _____ - _____ - _____ **3.** _____ / _____ / _____ Male () Female ()

*Social Security Number Date of Birth

*This information is authorized to be obtained and disclosed to state and federal agencies pursuant to O.C.G.A. 19-11-1 and O.C.G.A. 20-3-295, 42 U.S.C.A. 551 and 20 U.S.C.A.1001.

4. Physical Address _____
 Number and Street -P.O. Box NOT Acceptable Apt. No City/State Zip Code

If you are granted a license, your name, mailing address and license number are public information and your mailing address will appear on the internet. Your physical address is required, if different than the mailing address. You must immediately notify the Board in writing of an address change.

5. Mailing Address _____
 (If different) (Number and Street - P.O. Box Is Acceptable Apt. No City/State Zip Code)

6. _____
 Telephone Number Day Telephone Number Evening Cell Phone Number

7. E-Mail Address _____
(Please print clearly)

Acknowledgement of your application will be sent by e-mail. Also, if any additional information is needed, e-mail is the most efficient way for the Board staff to contact you so that your application can be processed in the most efficient manner. Please notify the Board of any e-mail address change. **YOUR E-MAIL ADDRESS WILL NOT BE SHARED WITH ANY THIRD PARTY.**

PART II – PROFESSIONAL INFORMATION

College/University _____ Degree/Date _____

PART III – BACKGROUND INFORMATION

1. Have you ever been arrested, convicted, sentenced, pled guilty to, pled nolo contendere to, or given first offender status for the commission of a felony, misdemeanor, or any offense other than a minor traffic violation? (DWI & DUI's are **not** minor traffic violations.) () Yes () No

2. Have you ever had any restrictions as a Medicaid or Medicare provider? () Yes () No

3. Do you now hold or have you ever held a license as a hearing aid dispenser/trainee/apprentice in any jurisdiction? () Yes () No. If "yes" complete the following:

Jurisdiction _____ License No. _____
 Date Issued _____ Expiration _____

Please request each licensing board submit verification of license to Georgia

4. Have you ever had revoked or suspended or otherwise sanctioned any license issued by any board or agency in Georgia or in any other state? () Yes () No

5. Have you ever been denied issuance of or, pursuant to disciplinary proceedings, refused renewal of a license by any board or agency in Georgia or any other state? () Yes () No

If you answered yes to any of the questions above, please attach a written explanation. Also, if yes to #1, submit official document(s) directly to Board office, and a completed Background Investigation Consent form.

APPLICANT SIGNATURE AND AFFIDAVIT

YOU MUST SIGN THIS AFFIDAVIT IN THE PRESENCE OF A NOTARY

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Georgia State Board of Hearing Aid Dealers & Dispensers, and I agree to abide by these laws and rules, as amended from time to time.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1:

1) _____ I am a United States citizen 18 years of age or older. **Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or other document as indicated on pages 4 & 5 of this application.**

2) _____ I am **not** a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please submit a Copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number (See pages 4 & 5 of this application).**

In making the above attestation, I understand that any failure to make full and accurate disclosures may result in disciplinary action by the Georgia State Board of Hearing Aid Dealers & Dispensers and/or criminal prosecution.

Signature of Applicant

Date

Sworn to and subscribed before me this

_____ day of _____, 20____

Notary Public Signature

(Notary Seal)

My commission expires: _____

Note to Notary:

Application should be signed with proper ID.

**APPLICANT: PLEASE CHECK THE FORM OF IDENTIFICATION BELOW THAT YOU POSSESS.
RETURN THIS FORM ALONG WITH A COPY OF YOUR APPROPRIATE DOCUMENTATION.**

Name (Please print clearly)

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2

Issued August 1, 2011 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”) provides that “not later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

_____ A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A driver’s license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at:
<http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. §50-36-2(b)(3); 22 CFR § 41.2]

_____A driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

_____A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

_____In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]

Supervising Dispenser's Statement

I hereby certify that I will be the supervising dispenser of the above named applicant and will insure that the applicant complies with the Georgia laws while dispensing hearing aids, until such time as the applicant becomes a licensed dispenser or the State Board has been notified that I withdraw as their supervisor.

Print Name _____ Date _____

Signature _____ Dispenser License # _____

Address _____

Street City State Zip

State of _____

County of _____

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

Signature of Notary Public

My Commission Expires _____

