

GEORGIA BOARD OF HEARING AID DEALERS AND DISPENSERS
237 Coliseum Drive, Macon, GA 31217-3858
Phone: 478-207-2440 * Fax: 866-888-7127 * Email: HearingAid@sos.ga.gov
Website: www.sos.ga.gov/plb

Supplemental Information Required for Hearing Aid Dispenser Licensure Applications
Only complete applications will be presented to the Board.
(Mail, email or fax to the Board office any required official documents noted below.)

Applicant Name _____ **Tracking Code** _____
(Print clearly) (Found on receipt page)

- 1. Verification of Licensure:** If you hold Hearing Aid Dispenser license in another state, download the Board's form and submit to each state or jurisdiction in which you have been licensed for ***their*** submission of the completed form ***directly to the Board*** on your behalf.
- 2. Verification of Employment** as a Hearing Aid Dispenser If you have been working as a Hearing Aid Dispenser, submit the Employment form directly to the Board office.
- 3. Exam Score:** All applicants are required to pass all four parts of the practical examination and the ILE (national written examination). Request that an official, certified copy from ILE of your passing exam score and date exam was taken be submitted directly to the Board. Unofficial, candidate copies of the exam score will not be accepted; only official, certified score reports are acceptable.
- 5. Submit the "Georgia Hearing Aid Dealer's Statement and Physical Address Where Dispenser Will Be Working" form.**
- 6. Secure and Verifiable Documentation MUST BE INCLUDED.** Please scroll down for information concerning this legal requirement.

A pre-licensure Seminar is available by contacting the Georgia Society of Hearing Professionals at 770-536-3286. Suggested examination references/study guides are available by calling NIHIS at 734-522-7200 to order the following:

- Distance Learning for Professionals in Hearing Health Sciences
- Supplemental to the Training Manual
- Hearing Instrument Science and Fitting Practices II
- Masking: Practical Applications of Masking Principles and Procedures II
- Hearing Instrument Counseling: Practical Applications for Counseling the
- Hearing Impaired

NOTE: The ILE, Audiogram and Georgia Laws & Rules Exams are administered by an outside vendor, PSI. The exam fees are to be paid directly to the vendor, not the Board. Please visit the PSI website for information regarding the exams they will be administering: www.psiexams.com
The Evaluation and Ear Mold Exams are administered at the Professional Licensing Boards Division offices at 237 Coliseum Drive, Macon, GA 31217-3858. Phone: (478) 207-2440

Applicant Name _____ Tracking Code _____
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GEORGIA BOARD OF HEARING AID DEALERS AND DISPENSERS

VERIFICATION OF EMPLOYMENT

**SUBMIT THIS PAGE IF YOU HAVE YOU BEEN ENGAGED IN ACTIVE PRACTICE
AS A DISPENSER IMMEDIATELY PRECEDING THE DATE OF THIS
APPLICATION.**

Please list the location(s) and date(s) of operation for previous offices:

Company Name _____

Type of Facility _____ Current Position _____

Address _____
Street Ste # City State Zip Code

Phone Number: () _____ Fax Number _____

Dates of Employment/Practice: Start Date: _____ To: _____

Company Name _____

Type of Facility _____ Current Position _____

Address _____
Street Ste # City State Zip Code

Phone Number: () _____ Fax Number _____

Dates of Employment/Practice: Start Date: _____ To: _____

Applicant Name _____ Tracking Code _____
(Print clearly) (Found on receipt page)

**Georgia Hearing Aid Dealer's Statement
and Physical Address Where Dispenser Will Be Working**

I hereby certify that the above named applicant is capable of making tests and applying the techniques required to dispense hearing aids in accordance with the Laws and Rules of the Georgia State Board of Hearing Aid Dispensers and Dealers.

Business Name _____ Date _____

Physical Address of Dealership where Dispenser will be employed:

Street (No P.O. Boxes) Suite # City STATE Zip Code

Dealer's License # for the above Facility _____

Dealer's Signature _____

State of _____

County of _____

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

My Commission Expires _____

Signature of Notary Public _____

Notary Seal

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

(Printed Name of Applicant)

License type: Hearing Aid Dispenser

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]

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

_____ License type: **Hearing Aid Dispenser**
(Printed Name of Applicant)

_____ 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)]