



GEORGIA STATE BOARD OF HEARING AID DEALERS AND DISPENSERS
237 Coliseum Drive, Macon, Georgia 31217-3858
Phone (404) 424-9966

[The Georgia Board of Hearing Aid Dealers and Dispensers](#) | [Georgia Secretary of State](#)

INSTRUCTIONS FOR APPLICATION FOR A HEARING AID DISPENSER LICENSE

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 Board's website for information.

****Important****

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 Incomplete applications are void and withdrawn after sixty (60) days pursuant to administrative policy.

Application Checklist

The following checklist is an important part of your application. Please use this checklist to ensure that you submit a **COMPLETE** application.

The **\$130.00 NON-REFUNDABLE** application fee (includes a \$10 mail in application processing fee) is payable to the **Georgia State Board of Hearing Aid Dealers and Dispensers** must be included with application and mailed to the address noted above. NOTE: The ILE exam is now administered by IHS; the Audiogram, Laws and Rules and Practical exams are administered by PSI. Please see information below regarding IHS and PSI.

Checks returned for insufficient funds will be assessed a service charge pursuant to O.C.G.A. §16-9-20.

- NOTARIZED APPLICATION:** The application must be mailed to the Board's office at the address listed above, along with your **FEE**. All questions must be answered. Any question answered "yes", requires further documentation to be submitted. Attach copies of official court documents and an explanation if you have had any criminal convictions or charges, or sanctions by another state licensing board. Approval of licensure is at the Board's discretion.
- REQUIRED EXAMINATIONS:** All applicants are required to pass the GA Jurisprudence (Laws & Rules), Audiogram, Practical exams, and the ILE (national written examination).
- OTHER STATE LICENSURE CERTIFICATION:** If you are or have ever been licensed in another State(s), please have that/those State(s) officially certify that license directly to the Board's office.
- SECURE & VERIFIABLE DOCUMENT and AFFIDAVIT OF CITIZENSHIP**
The "Secure and Verifiable Identity Document Act " requires applicants for licensure to submit an Affidavit of Citizenship and a Secure and Verifiable document regarding their United States' citizenship status. A complete listing of acceptable Secure and Verifiable documents can be found on the same webpage this application was found.

- ❑ **When submitting your documentation please make sure that the image is clear and readable.** In addition, you must submit a completed, signed and notarized **Affidavit of Citizenship Form** (Page 6 of this application).
- ❑ **PROOF OF SPONSORSHIP BY A GEORGIA LICENSED DEALER:** Georgia Dealer’s Statement on the application must be completed by a Dealer with a current license to practice in Georgia.
- ❑ ***NATIONWIDE FINGERPRINT BACKGROUND CHECK RESULTS:** Each applicant for licensure as a dispenser shall register and provide fingerprints for a nationwide criminal background check to be conducted at the applicant’s expense. **The instructions and vendor** for the background check can be found in the document on the Board’s website (same location you downloaded this application from) and linked to on the on the Board’s homepage - “Background Fingerprint Instructions”

*NOTE: This is a new requirement under O.C.G.A. 43-20-8(c). Failure to comply with this requirement will delay the processing of this application for licensure and may result in the application being denied.

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**

IMPORTANT NOTE:

The ILE exam is administered by IHS

The Audiogram, Georgia Jurisprudence (Laws & Rules) and Practical Exams are administered by PSI.

The exam fees are to be paid directly to the vendors, not the Board. Please visit the IHS website @ www.ihinfo.org, and the PSI website www.psiexams.com for information regarding the exams they administer.

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



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

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APPLICATION FOR HEARING AID DISPENSER EXAMINATION

Application Fee \$130.00 (non-refundable)
(Application fee includes a \$10 mail in application processing fee)
Checks returned for insufficient funds will be assessed a service charge pursuant to O.C.G.A. §16-9-20.

PART I – PROFESSIONAL INFORMATION

Name _____
Last First Middle (Maiden)

Name as shown on exam records or transcripts/other documents (IF DIFFERENT):

Last First Middle (Maiden)

_____-_____-_____
*Social Security Number Date of Birth Male () Female ()

*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.

Physical Address:

Number/Street Apt. No City/State Zip
 (P.O. Box not acceptable; 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).

Mailing Address:

(If different) _____
Number and Street Apt. No City/State Zip

Telephone Number (Day) Telephone Number (Evening) Cell Phone

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.**

Please check this box if you are a military spouse or a transitioning service member of the United States armed forces (including the National Guard).

PART II – PROFESSIONAL BACKGROUND

List any state(s) in which you now hold or have ever held a license to practice as a dispenser:

State _____ Issue date _____ Exp. Date _____

State _____ Issue date _____ Exp. Date _____

***Note:** The **Verification of Licensure** form should be sent to **ALL states in which you hold a license**. (You can make additional copies of the form if necessary). The licensing agency for other state can mail the completed form(s) directly to our office: Georgia Board of Hearing Aid Dealers and Dispensers, 237 Coliseum Drive, Macon, Georgia 31217, or fax to 866-888-7127 or send via e-mail to ExamBoards-Healthcare@sos.ga.gov, ATTN: HADD.

The licensing entity may use their own forms or generated verification versus the Board form if desired.

Have you taken and passed the ILE Examination? () Yes () No - If no, please indicate date you plan to test: _____

An official copy of the scores must be submitted to this office by the National Board.

PART III – EMPLOYMENT

Have you been engaged in active practice as a dispenser immediately preceding the date of this application? () Yes () No - If yes, 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 #** _____

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:** _____

1. Have you ever been arrested or convicted of a felony, misdemeanor (other than a minor traffic violation), crime involving moral turpitude, or a crime violating federal or state law relating to controlled substances or dangerous drugs? (DWI and DUI are not minor traffic violations.) For purposes of this question, a “conviction” includes a finding of verdict of guilty, plea of guilty, a plea of nolo contendere, or first offender treatment, and also includes adjudication of guilt or sentence withheld or not entered on the charge(s). () Yes () No

NOTE: The answer to this question is “YES” if an arrest or conviction has been pardoned, expunged, dismissed or deferred, you pled & completed probation under First offender and/or your civil rights have been restored and/or you have received legal advice that the offense will not appear on your criminal record.

If “yes,” include a certified copy of the court records and final disposition from the court with your application. In the event the file no longer exists, you must submit documentation from the court stating that fact. Include a personal letter of explanation regarding each incident.

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

3. 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

4. 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

5. Have you ever held a license to dispense hearing aids in Georgia? () Yes () No
If yes, status of license: _____

6. Are you currently unable to practice with reasonable skill and safety by reason of illness or use of alcohol, drugs, narcotics, chemicals or any other type of material, or as a result of any mental or physical condition? () Yes () No - If yes, attach an explanation.

7. To your knowledge, are you the subject of an investigation by any hospital, insurance provider or agency in Georgia or in any other state? () Yes () No - If yes, attach an explanation and have official documents sent to Board office.

***If you answered yes to any of the questions above, please attach a notarized explanation and submit official documents to the Board, including a copy of any court’s final disposition, AND (IMPORTANT): If you answered Yes to question #1 above, you must also print out the “Background Investigation Consent Form” available on the same webpage you found this application, complete and submit it with the application.

AFFIDAVIT REGARDING CITIZENSHIP

Please submit this document along with a copy of your secure and verifiable document to the Board office as indicated on the application.

Print Name: _____

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 Board for which I am applying for licensure and I agree to abide by these laws and rules.

By executing this affidavit under oath, as an applicant for a professional license, as referenced in O.C.G.A. § 50-36-1, administered by the Professional Licensing Boards Division, the undersigned applicant also verifies one of the following with respect to his/her application for a public benefit (check one):

- 1) _____ I am a United States citizen. Please submit a copy of your current **Secure and Verifiable Document**(s) such as driver's license, passport, or document as indicated on pages 6 & 7 of this application.

- 2) _____ I am not a United States citizen, but I am either a legal permanent resident of the United States or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 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 6 & 7 of this application).

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

In making the above representations under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute. I also understand that any failure to make full and accurate disclosures may result in disciplinary action by the Board for which I am applying for licensure.

Executed in _____ (city), _____ (state).

Signature of Applicant

Date

Printed Name of Applicant _____

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

DAY OF _____, 20_____

Notary Seal

Signature of Notary Public MY COMMISSION EXPIRES: _____

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



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VERIFICATION OF LICENSURE

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The licensing entity may use their own forms or generated verification versus the Board form if desired.

PART I – APPLICANT

I _____, hereby authorize the state of _____
 to furnish to the Georgia Board of Hearing Aid Dealers and Dispensers the information requested below.

Applicant's Signature **Social Security No.** **License No.**
Applicants do not write below this line. Applicants must forward to state verifying license.

PART II – STATE AGENCY

LICENSING AGENCY: *The above applicant has applied for a license to practice in Georgia. Please furnish the Georgia Board the following information AND mail to:*
Georgia Board of Hearing Aid Dealers and Dispensers * 237 Coliseum Drive * Macon, Georgia 31217-3858

Name of Licensee: _____ License Number _____

Licensed by: Exam Endorsement Waiver Grandfather Clause

If by exam, please indicate the examination administered to applicant: _____

Issue Date: _____ License Status: Current Expiration date: _____

Inactive Date of last renewal: _____

Lapsed Date of last renewal: _____

Have all continuing education requirements been met? YES NO

Has the license ever been encumbered in anyway? (Revoked, Suspended, Surrendered, Restricted, Limited, Placed on Probation, Etc.) YES NO

Is the applicant currently under investigation? Yes () No ()

*** Please provide details, including copies of any documents with status of investigations.**

Signed _____ Date _____

Title: _____ State Board _____

Telephone # (____) _____

(Board Seal)