



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](#)

**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.

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 Incomplete applications are withdrawn after sixty (60) days pursuant to administrative policy.

Application Checklist

Your **NON-REFUNDABLE** fee must be included with the application. Application fee includes a \$10 mail in application processing fee. 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. _____

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

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

(Please check only 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: \$60.00 (non-refundable)

Application fee includes a \$10 mail in application processing fee.

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, city, state, and license number are public information and 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 from physical address) 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.**

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 – EDUCATION

College/University _____ Degree/Date _____

PART III – BACKGROUND INFORMATION

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). 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.

() Yes () No

If “yes,” please 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. Also include a personal letter of explanation regarding each incident. If you answered “Yes” to the next question, **print out the “Background Investigation Consent” form** found on the same webpage as this application. Failure to submit this form with application may result in delayed processing of the application.

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:

State/Jurisdiction _____	License No. _____
Date Issued _____	Expiration _____
State/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.

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

(Notary Seal)

My Commission Expires _____

