



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 THE REINSTATEMENT of 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 web site 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 result in delayed processing.

- ***Incomplete applications are withdrawn after sixty (60) days.***

Application Checklist

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

NON-REFUNDABLE Application Fee - \$250.00

(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.

- NOTARIZED APPLICATION:** The application must be mailed to the Board's office at the address listed above, along with your **non-refundable application and processing 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, arrests, charges, or sanctions by another state licensing board. **Reinstatement of licensure is at the Board's discretion.** Refer to Board Rule 276-14
- CONTINUING EDUCATION:** Applicant must submit 20 hours of Board approved Continuing Education (Pursuant to Board Rule 276-10 Continuing Education).
- FINGERPRINT BACKGROUND CHECK** – See Instructions posted on website
- EXAMINATIONS:** Applicants for reinstatement after one (1) year of the effective date of the lapse or revoked license status must submit verification of the retake and passage of both the written (ILE) and all four practical exams within one year of date of application. (Refer to Board Rule 276-14-.03)



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APPLICATION FOR REINSTATEMENT OF DISPENSERS LICENSE

- A **lapsed, surrendered or revoked** license may be reinstated at the discretion of the Board and may include conditions, including disciplinary action. The applicant must submit to the Board:
 1. Application for Reinstatement of License
 2. Reinstatement Fee of **\$250.00** (Includes a \$10 mail in application processing fee)
 3. Continuing Education Report Form Documenting Continuing Education Hours [Refer to Board Rules 276-14-.03(a)(2) & 276-10]
 4. If applying to reinstate after one year of the effective date of the lapse or revocation, verification of retaking and passing both the written (ILE) and all four (4) practical examinations within one year of the date of application for reinstatement (Board Rule 276-14-.03).

(Please print or type)

Name: _____
Last First Middle Maiden

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

***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.**

Physical Address: _____
Street/Apt # (NO P.O. Boxes) City State Zip Code

If you are granted a license, your name, city, state, 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 – P.O. Boxes are acceptable for a mailing address): _____
Street/Apt. # City State Zip Code

Home Phone Number _____ **Work Phone Number** _____

E-MAIL ADDRESS: _____ **Male:** _____ **Female:** _____

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.

DISPENSER License # _____ **Date Issued:** _____ **Expired:** _____

Please list the name, address and job duties for any employers since the expiration of your Georgia License:

1. _____
2. _____
3. _____

Please list other states you are licensed as a HA Dispenser - list your license number, issue date, and expiration date. Contact the other state licensing board to verify your license to the Georgia Board.

State _____ Issue date _____ Exp. Date _____

State _____ Issue date _____ Exp. Date _____

BACKGROUND INFORMATION

1. Since your initial licensure or last renewal date, 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 A fingerprint background check is required – see instructions posted on website.

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, and if yes to #1 submit copy of court's final disposition directly to Board office.

CONTINUING EDUCATION REPORT

LICENSEE NAME: _____

COURSES

Date(s)	Session/Title	CEU/Hours	CEU/HOURS

DOCUMENTATION REQUIRED

Please attach all CE documentation. Examples: certificate of attendance including the sponsoring agency, the licensee's name, the date of the activity, and the length of the session. For licensee presentations, a description of the subject material, the dates, and the hours involved must be submitted. [Rule 276-14-.03(a)(2) & 276-10]

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 5 & 6 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 5 & 6 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 must be signed with Proper ID.

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

Issued by the Office of the Attorney General, Georgia

FOR REFERENCE ONLY – DO NOT SUBMIT WITH MAIL IN APPLICATION

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)]