For Office Use	License #:	Date Issued:	☐ \$42

## **Application for Hearing Aid Dispensers Temporary Permit Iowa Department of Public Health/Bureau of Professional Licensure**

PLEASE PRINT	Instructions are found on page 2		
1	2.		
1. Last Name	First Name and Middle Name		
3			
4City, State, Zip Code			
	7		
5 6			
8. Male Female 9.	a name other than your current name, list the previous names of record.		
Gender (optional question) If any of your documentation is in	a name other than your current name, list the previous names of record.		
The following questions must be answered. If you answer "Y explanation providing the details of the incident, (2) attach a correcommendations, and (3) attach a copy of all official court docum disposition and/or settlement. You must answer "Yes" even when your record.	ppy of any court ordered evaluations, showing completion and nents regarding your conviction/malpractice suit, including final n a conviction or judgment has been deferred or expunged from		
10. Been convicted, found guilty of or entered a plea of guilty or n (Other than minor traffic violations with fines under \$500)?			
11. Had any judgments or settlements paid on your behalf as a result	t of a malpractice suit or claim against you? Yes No		
12. Been investigated by a licensing, registration, or certification authority or organization; or had a licensing, registration, or certification authority or organization institute disciplinary action against you related to your professional practice? (If the investigation or action was instituted by this licensing board you may answer "NO" to this question).			
13. Been disciplined or sanctioned by any licensing, registration related to your professional practice? (If this licensing board took the to this question).			
14. Developed a medical condition which in any way impairs or liewith reasonable skill and safety? (If you are currently a partice Committee, you may answer "NO" to this question.)			
15. Been engaged in illegal or improper use of drugs or other cher currently a participant in the Impaired Practitioner Review Committee			

I certify that I have carefully read the questions on this application and have answered them completely and truthfully. I declare under penalty of perjury that my answers, and all other statements or information submitted by me in this application process, are true and correct. If it is determined at any time that I have provided misleading or false information on or in support of this application, I understand that my application may be denied or that I may be subject to disciplinary action and criminal prosecution if I am a temporary permit holder.

I understand that I am required to update answers or information submitted herewith if the response or the information changes during the time period the application is pending. I also understand that this application is a public record in accordance with Iowa Code, Chapter 22 and that application information is public information, subject to the exceptions contained in Iowa law. Finally in submitting this application, I consent to any reasonable inquiry that may be necessary to verify the information I have provided on or in conjunction with this application.

*This information is collected pursuant to Iowa Code Chapters 252J, 2 will result in license denial. <b>Privacy Act Notice:</b> Disclosure of your required by 42 U.S.C. § 666(a)(13) and Iowa Code § 252J.8(1). The child support obligations and as an internal means to accurately identificational allowed by law including Iowa Code § 421.18.	Social Security Number on this license application is number will be used in connection with the collection of		
16			
Applicant must sign here in ink	Date		
INSTRUCTIONS/CHECKLIST			
To complete the application, answer each question completely documents and fees required for a temporary permit. It is the documents and fees reach the board office.			
<ul><li>☐ Submit application and fee of \$42</li><li>☐ Submit Schedule for Supervision/Outline of Training Program.</li></ul>			
<b>Applications must be complete and signed to be processed.</b> No a supporting documents and fees have been received in the board offic directed to 515 281-6959 or <a href="mailto:thidleba@idph.state.ia.us/licensure">thidleba@idph.state.ia.us/licensure</a> An a board may appeal the denial and request a hearing on the issues related for hearing upon the board not more than 30 days following the date of the support of the suppo	ce. Questions regarding the application process may be applicant who has been denied a temporary permit by the ed to the denial by serving a notice of appeal and request		
Mail the original completed application bearing signature in	ink to:		
Iowa Board of Hearing Aid Dispensers Lucas State Office Bldg., 5 <sup>th</sup> Floor 321 E. 12 <sup>th</sup> Street Des Moines, Iowa 50319-0075			
www.idph.state.ia.us/licensure			
Approved:	Date:		
When you are issued your temporary permit, you will be able to view a <a href="https://www.licensediniowa.gov">www.licensediniowa.gov</a> . Click on License Search, insert your name, you.			

12/31/13

## **Schedule for Supervision** Submit with application for the Temporary Permit Must Meet all Requirements in 645—IAC 121.2 and 121.3 **Applicant Supervisor** Applicant's Name Supervisor's Name and License No. Business Name Address Business Address City/State/Zip City/State/Zip Signature Signature **Outline of Training Program** (Refer to the Competency Model in the IHS Study Guide) Must meet the supervision requirements of 645 IAC 121.2 and 121.3 First 90 days After first 90 days Describe type of Supervision to be provided: Estimated Time: (required minimum: 20 hrs./week direct supervision) List of subjects to be covered: Books and materials to be used for training: It is the supervisor's responsibility to keep a copy of this form. Upon completion of the training, sign below and mail to the board office. The International Hearing Society (IHS) will send instructions via email for scheduling and payment of the exam. Supervision is complete in accordance with the outline of training above: Name of Licensed Supervisor:

Supervisor's Signature:

Date: \_\_\_\_\_