For Office Use	License #:	Date Issued:	☐ $156

Application For Hearing Aid Dispensers Licensure

Iowa Department of Public Health/Bureau of Professional Licensure

PLEASE PRINT **Instructions are found on page 3**

1. _____ *Last Name*
2. _____ *First Name and Middle Name*
3. _____ *Mailing Address*
4. _____ *City, State, Zip Code*
5. _____ *E-Mail Address*
6. _____ *Daytime Phone (Including Area Code)*
7. _____ *Date of Birth*
8. _____-_____-_____ *Social Security Number**
9. ☐ Male ☐ Female *Gender (optional question)*
10. _____ *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 "Yes" to any of the next six questions, (1) attach a signed letter of explanation providing the details of the incident, (2) attach a copy of any court ordered evaluations, showing completion and recommendations, and (3) attach a copy of all official court documents regarding your conviction/malpractice suit, including final disposition and/or settlement. You must answer "Yes" even when a conviction or judgment has been deferred or expunged from your record.

11. Been convicted, found guilty of or entered a plea of guilty or no contest to a felony or misdemeanor crime (Other than minor traffic violations with fines under $500)?	Yes No
12. Had any judgments or settlements paid on your behalf as a result of a malpractice suit or claim against you?	Yes No
13. 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).	Yes No
14. Been disciplined or sanctioned by any licensing, registration, or certification authority or organization related to your professional practice? (If this licensing board took the disciplinary action, you may answer "NO" to this question).	Yes No
15. Developed a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? (If you are currently a participant in the Impaired Practitioner Review Committee, you may answer "NO" to this question.)	Yes No
16. Been engaged in illegal or improper use of drugs or other chemical mood altering substances? (If you are currently a participant in the Impaired Practitioner Review Committee, you may answer "NO" to this question.)	Yes No

17. **Type of Application:** ☐ **Examination** ☐ **Endorsement**

18. Are you currently certified with the National Board for Certification in Hearing Instrument Sciences? ☐ Yes ☐ No

19. Have you passed the International Hearing Society examination? ☐ Yes ☐ No

20. Are you or have you ever been licensed in another state? ☐ Yes ☐ No
    If yes, list the two letter postal codes of the state(s) below.
    (*Please note: Official verification must be received directly from each state board office to complete your application.*)

    _____ _____ _____ _____ _____

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 already licensed.

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, 261 & 272C. Failure to provide mandatory information will result in license denial. **Privacy Act Notice:** Disclosure of your Social Security Number on this license application is required by 42 U.S.C. § 666(a)(13) and Iowa Code § 252J.8(1). The number will be used in connection with the collection of child support obligations and as an internal means to accurately identify licensees, and may be shared with taxing authorities as allowed by law including Iowa Code § 421.18.

21. _____ _____
Applicant must sign here in ink Date

INSTRUCTIONS/CHECKLIST
To complete the application, answer each question completely in ink. Print legibly and leave a space between words.
SUPPORTING DOCUMENTS AND FEES ARE REQUIRED FOR LICENSURE.

All supporting documentation must be postmarked at least 2 weeks prior to the examination date. If not received within the proper time, the applicant will be scheduled for the next scheduled examination.

LICENSURE BY EXAMINATION:
- ☐ Nonrefundable fee of $156, *check or money order made payable to the Iowa Board of Hearing Aid Dispensers.*
- ☐ Examination fee of $95, *check or money order made payable to the International Hearing Society.* ***STAPLE THE $95 FEE TO PAGE 3 OF THE APPLICATION.***
- ☐ Examination score results received directly from the testing service.

LICENSURE BY ENDORSEMENT:
- ☐ Nonrefundable fee of $156, *check or money order made payable to the Iowa Board of Hearing Aid Dispensers.*
- ☐ Proof of evidence of licensure requirements that are similar to those required in Iowa
- ☐ **Official verification of out-of state license(s):** In addition to the documents listed above, applicants who hold or have held a license in any other state(s) must have verification sent directly from each state office to the Iowa board office. Verifications must include the issue date, expiration date, and any pending or past disciplinary actions.
- ☐ Copies of attendance certificates from continuing education activities completed during the 24 months immediately prior to endorsement or proof of current certification from the National Board for Certification in Hearing Instrument Sciences.

Verification of one of the following:
- ☐ Passing score on the national examination or an examination that is equivalent to the national examination
- ☐ Current certification from the National Board for Certification in Hearing Instrument Sciences

Applications must be complete and signed to be processed. No application will be considered complete until all required supporting documents and fees have been received in the board office. The board will evaluate your qualifications solely on the basis of the information submitted. Questions regarding the application process may be directed to 515/281-4416 or tamara.hidlebaugh@idph.iowa.gov. An applicant who has been denied licensure by the board may appeal the denial and request a hearing on the issues related to the licensure denial by serving a notice of appeal and request for hearing upon the board not more than 30 days following the date of mailing of the notification of licensure denial to the applicant. The request for hearing shall specifically delineate the facts to be contested at hearing.

Have all documents mailed to the following address:

Iowa Board of Hearing Aid Dispensers
Lucas State Office Building, 5th Floor
321 East 12th Street
Des Moines, IA 50319-0075

www.idph.state.ia.us/licensure

When you are licensed, you will be able to view and print your licensure status. Go to www.licensediniowa.gov. Click on License Search, insert your name, and select your profession. Your license and wallet card will be mailed to you after Active status is posted.

Staple to this page $95.00 check or money order payable to "International Hearing Society"

International Licensing Examination (ILE)

for the

Hearing Instrument Dispenser

Name:_____

Address:_____

City_____State_____Zip Code_____

Date of Examination_____

This application and the examination fee must be received at least ten business days prior to the examination.