

**APPLICATION FOR HEARING AID DISPENSER EXAMINATION
OR
HEARING AID DISPENSER LIMITED LICENSE AND EXAMINATION**

CHECKLIST

\$150.00 for **limited license and practical examination** is due with the limited license application. This fee is nonrefundable and payable by check or money order to: Board of HAD

\$100.00 to **transfer from HAD limited license to HAD full license is due once BOTH written and practical exams have been passed.** This is a nonrefundable fee and payable by check or money order to: Board of HAD

A recent 2x2 passport size photo

Complete signed application (If the application is incomplete it will be returned)

Application notarized

Official college transcript showing completion of a 2 year degree program
Request the college to send the transcript to: **Board of HAD, DHMH
4201 Patterson Avenue, Baltimore, Maryland 21215-2299**

Proof of Completion of the International Hearing Society curriculum entitled "Distance Learning for Professionals in Hearing Health Sciences" before taking the Hearing Aid Dispensing Examination

Law examination

Please Note: To pass the open book examination, all applicants must score at least 75. You can download the examination from the Board's web site at www.health.maryland.gov/boardsahs. Use the Forms Link to download a copy of the law examination. To complete the examination refer to the law and regulation reference number included with the questions. To get the correct answer use the Law and Regulation Links on the web site. If you do not have access to a computer, call the Board office to request a copy of the examination. A license will NOT be issued unless the law examination is passed.

TOEFL Scores

English as a Second Language (ESL) applicants are required to have a minimum combined Test of English as a Foreign Language (TOEFL) score of 80% within the previous two years from the date of the application. A copy of your exam scores must be submitted with your application.

IHS Scores

The Board uses the International Hearing Society (IHS) exam as the written examination for licensure. Applicants must pass the exam with a minimum score of 71%. In order to qualify for a waiver of the written examination, the applicant shall have passed the IHS examination in another state and the practical exam is developed and administered by the Board. The Board will evaluate a practical examination given in another state to see if the applicant qualifies for a waiver of the practical examination.

8. EDUCATION

College Attended: _____

Address: _____
Street City State Zip Code

Dates Attended: _____ to _____

Degree granted _____ Date: _____

Have the college send an official transcript directly to the Maryland Board.

9. Have you ever been convicted of a felony or a misdemeanor involving moral turpitude?

Yes No If yes, write a full explanation on an attached sheet of paper.

10. Have you previously been licensed in Maryland?

If yes, License No.: _____ Date Expired: _____

11. Have you previously applied for a license to dispense hearing aids in the State of Maryland or in another state?

If yes, when? _____ Where? _____

12. Have you ever been denied a license to dispense hearing aids or has your license ever been suspended or revoked in the State of Maryland or any other state?

Yes _____ No If yes, write a full explanation on an attached sheet of paper.

13. List other states in which you are currently licensed _____

14. List any state in which you have previously been licensed _____

15. If you are now licensed in another state, or have been licensed in another state in the past, please include your full name on the **Hearing Aid Dispenser Licensure Affidavit** included with this application. Send the Hearing Aid Dispenser Licensure Affidavit to the state licensure board(s) and request the board(s) to return the completed form to the Board of Hearing Aid Dispensers, 4201 Patterson Avenue, Baltimore, Maryland 21215-2299. Have this affidavit completed by a Notary Public.

I do hereby request an examination for the purpose of testing my competency in hearing aid fitting and dispensing, at such time and place as the Board may designate.

I further affirm that I have read Sections 2-101 to 2-502 of Title 2 of the Health Occupations Article of the Annotated Code of Maryland and fully understand that in receiving a license from the Board, I bind myself to be governed by them.

I understand that in submitting this application that the accompanying fee is for administrative purposes and is not refundable. Fee includes licensure fee if examination is successfully completed.

STATE OF _____ CITY OR COUNTY OF _____

The undersigned, being duly sworn deposes and says that he/she is the person who executed this application, that the statements herein contained are true to the best of his/her knowledge, that he/she has not suppressed any information that might affect this application and that he/she read and understands this affidavit.

Signature of Applicant

Signature of Notary

Subscribed and sworn to before this _____ day of _____

In accordance with Executive Order 01.01.1093-18, the Board is required to advise you as follows regarding the collection of personal information:

Personal information requested by the Board is necessary in determining your eligibility for licensure. Such personal information is also intended for use as an additional means of verifying the licensee's identity or to enable the Board to communicate in a timely manner with the licensee, should the need arise. The licensee has a right to inspect his personal record and to amend or correct the personal data if necessary.

Your Social Security number is needed on the application. It will be used for identification purposes and may be released to the Department of Public Safety and Correctional Services to check for any criminal convictions.

Race/Ethnic Identification

To further its commitment to equal access the Board of Examiners requests applicants to provide, voluntarily, the following information. This information will be used for statistical purposes only by authorized personnel.

Male _ Female _ Other _____

Race/Ethnic Identification – Please Check All That Apply

Are you of Hispanic or Latino origin? Yes No
(A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Select one or more of the following racial categories:

1. American Indian or Alaska Native (A person having origins in any of the original peoples of North or South America, including Central America, and who maintains tribal affiliations or community attachment.)
2. Asian (A person having origin in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
3. Black or African American (A person having origins in any of the black racial groups of Africa.)
4. Native Hawaiian or other Pacific Islander (A person having origins in the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
5. White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

**Maryland Department of Health
Board of Examiners for Audiologists, Hearing Aid Dispensers and
Speech-Language Pathologists**

**4201 PATTERSON AVENUE BALTIMORE, MARYLAND 21215-2299
PHONE 410-764-4725 FAX 410-358-0273
TTY FOR DISABLED- MARYLAND RELAY SERVICE 1-800-735-2258**

SPONSOR'S AFFIDAVIT

The Annotated code of Maryland: Health Occupations Article, Title 2, Section 2-310 (b) and (c) provides:

No Limited License shall be issued by the Board under this section unless the applicant shows to the satisfaction of the Board that he/she is or will be supervised and trained by a person who holds a valid Hearing Aid Dispenser's License issued under this subtitle.

I do hereby affirm that I am the holder of a valid, unrevoked, unsuspended Hearing Aid Dispenser license issued by the Board of Examiners for Audiologists, Hearing Aid Dispensers and Speech-Language Pathologists of the State of Maryland, and that I have read the above excerpts and that I fully understand my responsibilities as sponsor for the applicant named

_____ who will work under my supervision and for whose technical training and ethical conduct I am to be responsible.

I further affirm that I have read the application of the above named person and that to the best of my knowledge all answers are true and correct.

Name of firm: _____

Address: _____
Street City State Zip Code

Signature: _____ Date: _____

Print Name: _____ MD. HAD Lic. #: _____

The Certificate Must Be Displayed By The Sponsoring Hearing Aid Dispenser

**BOARD OF EXAMINERS FOR AUDIOLOGISTS, HEARING AID DISPENSERS
AND SPEECH-LANGUAGE PATHOLOGISTS
4201 PATTERSON AVENUE BALTIMORE, MARYLAND 21215-2299
PHONE 410-764-4725 FAX 410-358-0273**

HEARING AID DISPENSER LICENSURE AFFIDAVIT

An application for licensure as a Hearing Aid Dispenser has been filed with the Maryland Board of Examiners for Audiologists, Hearing Aid Dispensers and Speech-Language Pathologists by

The Maryland Board may issue a license to an applicant who holds a current, unsuspended and unrevoked certificate or license to sell or fit hearing aids in another state or jurisdiction if it has requirements equivalent to or higher than those in effect in Maryland.

1. Licensed in your State? Yes _____ No

2. Did applicant take the written examination prepared by the National Institute for Hearing Instrument Studies? Yes No

If not, did applicant take a written examination Yes No

Written examination consisted of: _____

Grade: _____

Practical Examination consisted of: _____

Grade: _____

3. Is License current: Yes _____ No If not, why _____

4. Has License ever been revoked or suspended? Yes No
If yes, why _____

5. Does your state require continuing education hours for license renewal?

Yes No If yes, hours required _____

Signature: _____ Date: _____

Title: _____ Name of Board _____

State of _____

Please enclose a copy of the State's Law and Regulations for Hearing Aid Dispensers



MARYLAND

Department of Health

Larry Hogan, Governor • Boyd K. Rutherford, Lt. Governor • Robert R. Neall, Secretary

BOARD OF EXAMINERS FOR AUDIOLOGISTS, HEARING AID DISPENSERS & SPEECH-LANGUAGE PATHOLOGISTS

Jennifer L. Mertes, Board Chair • Candace G. Robinson, Executive Director

Criminal History Records Check - In Maryland

A full Criminal History Records Check is a requirement to obtain a license issued by the Maryland Board of Examiners for Audiologists, Hearing Aid Dispensers and Speech-Language Pathologists. This includes all initial licenses, transfers from limited to full licensure, and all renewal licenses. Each individual only needs to complete the process once for this Board.

These instructions are for individuals who reside in Maryland or reside near Maryland. It is best to obtain fingerprints in Maryland. If it is not convenient to get fingerprinted in Maryland please follow the procedure in the Out-of-State instructions.

The Department of Public Safety and Correctional Services, Criminal Justice Information System (CJIS) oversees Criminal History Records Checks. The criminal history records check is initiated by the applicant/licensee being fingerprinted.

CJIS Authorization#:	1600003672
FBI ORI#:	MD920528Z
Reason Fingerprinted:	Audiology license Hearing Aid Dispenser license Speech-Language Pathology license Speech-Language Pathology Assistant license
Type of Check:	Governmental Licensing/Certification

Electronic Fingerprinting

It is best to have your fingerprints taken electronically in the State of Maryland.

Electronic fingerprinting is available at CHS-approved private providers, most Maryland MVA locations and most local law enforcement offices.

Please note that the cost of fingerprinting services from private providers may vary. The total fee must be paid to the provider and the cost is borne by the applicant for initial licensure and renewal candidates. Private providers in Maryland do not accept cash or money orders.

For additional information regarding fingerprinting in Maryland please contact CJIS:

via telephone at 410-764-4501; or
via their website at <http://www.dpscs.maryland.gov/publicservs/:fingerprint.shtml>.

Applicants for Initial Licensure, Reinstatement, or Reactivation

Effective October 1, 2016 all initial applicants for full or limited licensure in Maryland will be required to submit fingerprints. All applicants for reinstatement or reactivation who have not previously fulfilled this requirement must submit fingerprints. This is a requirement of the application process and cannot be waived for any reason. An initial license will not be issued unless proof of the CHRC is on file with the Board.

Maryland residents and individuals who reside near Maryland may have fingerprints taken prior to mailing an application to the Board. Maryland residents and individuals who reside near Maryland must use the pre-filled form specific to this Board (link at end of this document and also available on this Board 's Forms page). If an individual is unable to use the pre-filled form the individual must have the CJIS Authorization number and FBI ORI numbers to ensure that the required reports are issued to the Board (on the first page of this document and on the Board's homepage). Please note that these numbers are specific to this Board.

After your fingerprints are taken you will be given a receipt for payment that includes a tracking number; the tracking number is unique to you. Include a copy of the receipt with the tracking number when submitting the initial application to the Board. Hand-write the professional license you are applying for and specify either full license or limited license.

Once the results of the background check are received by the Board the application process will be completed in accordance to Board regulations and policies.

Renewal Applicants

Individuals who obtained a full license before October 1, 2016 will be required to submit evidence of the CHRC to the Board prior to the issuance of a renewal license. Additional information has been provided to renewal applicants via e-mail.

General Information

Pursuant to federal law a criminal history records check is only effective for one purpose. Accordingly, any prior fingerprinting and criminal history records check was only good for the educational institution, employer, licensing entity, etc. that it was completed for.

When getting fingerprinted please ensure the following:

that the fingerprint operator spells your name correctly; and

that the proper OIR and authorization numbers are used.

Revised September, 2020

A list of private providers that have electronic fingerprinting services are provided on the State of Maryland's Department of Public Safety & Correctional Services website. Click below for immediate access to fingerprinting locations in Maryland. **Call ahead to make sure the provider is open and has the October 1, 2016 software update.**

<https://www.dpscs.state.md.us/publicservs/fingerprint.shtrnl>

Print LiveScan Pre-Registration Application

<https://health.maryland.gov/boardsahs/DocumentsaudLiveScan.pdf>

All applicants must print the LiveScan Pre-Registration Application and take it to the fingerprinting location in Maryland.

Please **do not** call the Board's offices for an update on a background check. The background check is completed by a separate state agency. The Board has no control over the amount of time it takes to complete the check. If you have not received the results of the criminal history background check after thirty days, you may contact CJIS directly at 410-764-4501.

Please refer to § 2-303.1 Criminal History Record Checks of the Maryland Board of Examiners for Audiologists, Hearing Aid Dispensers and Speech-Language Pathologists for a full description of the requirements.

AGENCY PRIVACY REQUIREMENTS FOR NONCRIMINAL JUSTICE APPLICANTS

Authorized governmental and non-governmental agencies/officials that conduct a national fingerprint-based criminal history record check on an applicant for a noncriminal justice purpose (such as employment or a license, immigration or naturalization matter, security clearance, or adoption) are obligated to ensure the applicant is provided certain notices and that the results of the check are handled in a manner that protects the applicant's privacy. All notices must be provided in writing.¹ These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.), Section 552a, and Title 28, Code of Federal Regulations (CFR), Section 50.12, among other authorities.

- Officials must ensure that each applicant receives an adequate written FBI Privacy Act Statement (dated 2013 or later) when the applicant submits his/her fingerprints and associated personal information.²
- Officials must advise all applicants in writing that procedures for obtaining a change, correction, or update of an FBI criminal history record are set forth at 28 CFR 16.34. Information regarding this process may be found at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
- Officials must provide the applicant the opportunity to complete or challenge the accuracy of the information in the FBI criminal history record.
- Officials should not deny the employment, license, or other benefit based on information in the FBI criminal history record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.
- Officials must use the FBI criminal history record for authorized purposes only and cannot retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.³

The FBI has no objection to officials providing a copy of the applicant's FBI criminal history record to the applicant for review and possible challenge when the record was obtained based on positive fingerprint identification. If agency policy permits, this courtesy will save the applicant the time and additional FBI fee to obtain his/her record directly from the FBI by following the procedures found at 28 CFR 16.30 through 16.34. It will also allow the officials to make a more timely determination of the applicant's suitability.

Each agency should establish and document the process/procedures it utilizes for how/when it gives the applicant the FBI Privacy Act Statement, the 28 CFR 50.12 notice, and the opportunity to correct his/her record. Such documentation will assist State and/or FBI auditors during periodic compliance reviews on use of FBI criminal history records for noncriminal justice purposes.

Name: _____

Date: _____

¹ Written notification includes electronic notification, but excludes oral notification.

² See <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

³ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d), 50.12(b) and 906.2(d).

Updated 11/06/2019



STATE OF MARYLAND
DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES
CRIMINAL JUSTICE INFORMATION SYSTEMS – CENTRAL REPOSITORY

LIVESCAN PRE-REGISTRATION APPLICATION

APPLICANT INFORMATION *(PLEASE TYPE OR PRINT CLEARLY)*

Name:						
Date of birth:		SSN:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <i>(Please check)</i>		
Height:	ft.	inches	Weight:	lbs.	Eye Color:	Hair Color:
Race:	<input type="checkbox"/> Black	<input type="checkbox"/> White	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Native American	<input type="checkbox"/> Other <i>(Please check)</i>	
Place of Birth:				Citizenship:		
Current address:						
City:			State:		ZIP Code: -	
Daytime Phone:		Evening Phone:			Driver's License #:	

AGENCY INFORMATION

Agency Authorization #: 1600003672	
ORI # (if required): MD920528Z	Reason fingerprinted? Licensing
Position Applied for: Board of AUD HAD and SLP	
Request Type: <i>(Choose one ONLY)</i>	
<input type="checkbox"/> Adult Dependent Care <input type="checkbox"/> Attorney/Client <input type="checkbox"/> Child care <input type="checkbox"/> Criminal Justice <input type="checkbox"/> Gold Seal/ Adoption <input type="checkbox"/> Gold Seal/Letter/VISA <input type="checkbox"/> Government Employment	<input checked="" type="checkbox"/> Government Licensing or Certification <input type="checkbox"/> Immigration/VISA <input type="checkbox"/> Individual Challenge <input type="checkbox"/> Individual Review <input type="checkbox"/> MSP Licensing <input type="checkbox"/> Private Party Petition <input type="checkbox"/> Public Housing

Mail Response to:

(Mailing option only available for Visa Gold Seal and/or Individual Review)

Name: Do Not Mail This Form To The Board

Address: Do Not Mail This Form To The Board

City, State, Zip code: Do Not Mail This Form To The Board



MARYLAND

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BOARD OF EXAMINERS FOR AUDIOLOGISTS, HEARING AID DISPENSERS & SPEECH-LANGUAGE PATHOLOGISTS

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Criminal History Records Check - Out of State Applicants

A full Criminal History Records Check is a requirement to obtain a license issued by the Maryland Board of Examiners for Audiologists, Hearing Aid Dispensers and Speech-Language Pathologists. This includes all initial licenses, transfers from limited to full licensure, and all renewal licenses (including reinstatement of a license or reactivation of a license). Each individual only needs to complete the process once for this Board.

These instructions are for individuals who reside outside of Maryland where it is inconvenient to come to Maryland to complete the fingerprinting process. Please note that it is best to obtain fingerprints in Maryland. If fingerprints are able to be completed in Maryland please follow the procedure in the In-State instructions.

The Department of Public Safety and Correctional Services, Criminal Justice Information System (CJIS) oversees Criminal History Records Checks. The record checks are conducted by the applicant/licensee being fingerprinted.

CJIS Authorization #:	1600003672
FBI ORI#:	MD920528Z
Reason Fingerprinted:	Audiology license Hearing Aid Dispenser license Speech-Language Pathology license Speech-Language Pathology Assistant license
Type of Check:	Governmental Licensing/Certification

In order to comply with the Criminal History Records Check requirement and to not delay the issuance of a license, please abide by these instructions. Please note that it may take up to five weeks for CJIS to issue the required reports to the Board.

Out-of-state residents may use a location outside the State of Maryland, but must use the CJIS fingerprint card that has pre-printed Board-specific information.

Call the Board at 410-764-4725 to request a fingerprint card. Applicants for an initial license should request a fingerprint card at least six weeks in advance of the anticipated date that licensure is required. License renewal candidates should request a fingerprint card no later than April 15,

2018 to ensure sufficient time to complete the process and complete the online renewal process. These timeframes assume an individual mails the fingerprint card to Maryland CJIS within a week of receiving the fingerprint card and having the fingerprints taken.

Once the fingerprint process is complete you must mail the fingerprint card to the following address with a check for \$31.25 payable to the "CJIS Central Repository."

CJIS Central Repository
PO Box 32708
Pikesville, MD 21282-2708

Make a copy of the receipt with the tracking number that was issued to you. Legibly write your full name and profession on the copy being mailed to the Board (may be included with the application for licensure). Mail a copy of the receipt for fingerprinting to:

Maryland Board of AUD HAD SLP
ATTN: Background Check
4201 Patterson Avenue, 3rd Floor
Baltimore, MD 21215

For applicants for initial licensure: Once the results of the background check are received the application process will be completed in accordance with Board regulations and policies.

For renewal applicants: Once the results of the background check are received the Board will make the necessary changes to allow access to the online renewal process within 48 hours (notice will be provided via e-mail).

For additional information contact CJIS:

via telephone at 410-764-4501; or

via their website at [http://www.dpscs.maryland.gov /publicserv s/fingerprint.shtml](http://www.dpscs.maryland.gov/publicserv s/fingerprint.shtml).

Effective October 1, 2016

Every new applicant submitting an application on or after October 1, 2016 for a license issued by the Board must submit a criminal history records check (CHRC) to the Board. This includes license reinstatement and license reactivation when this requirement has not previously been fulfilled.

This is a requirement of the application process and it is a one-time requirement. All fees associated with the criminal history records check requirement must be borne by the applicant/licensee.

A license will not be issued unless proof of the CHRC is on file with the Board.

Revised September, 2020

Individuals with an incomplete application as of October 1, 2016, with the Board must submit a CHRC to the Board. This is a requirement prior to the issuance of a license.

Individuals holding a full license on or after October 1, 2016 will be required to submit evidence of the CHRC to the Board prior to the issuance of a renewal license.

Please **do not** call the Board's offices for an update on a background check. The background check is completed by a separate state agency. The Board has no control over the amount of time it takes to complete the check. If you have not received the results of the criminal history background check after thirty days, you may contact CJIS directly at 410- 764-4501.

Please refer to § 2-303.1 Criminal History Record Checks of the Maryland Board of Examiners for Audiologists, Hearing Aid Dispensers and Speech-Language Pathologists for a full description of the requirements.