

APPLICATION FOR WAIVER OF WRITTEN HEARING AID DISPENSER EXAMINATION CHECKLIST

_____ \$100.00 fee is nonrefundable- check or money order payable: The Board of HAD

_____ A recent 2x2 passport size photograph

_____ Complete signed application (application will be returned if incomplete)

_____ Application notarized

_____ Official college transcript showing completion of a 2 year degree program

Request the college to send the transcript to:

Board of HAD

4201 Patterson Avenue

Baltimore, Maryland 21215-2299 or electronically to: monicah.wright@maryland.gov

_____ Proof of Completion of the International Hearing Society curriculum entitled “Distance Learning for Professionals in Hearing Health Sciences” before taking the Hearing Aid Dispenser 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. Use the Law and Regulation Links on the web site to get the answer. If you do not have access to a computer, call the Board office and the examination and a copy of the law and regulations will be mailed to you. A license will **NOT** be issued unless the law examination is passed.

_____ Attach a copy of your current Hearing Aid Dispenser license

_____ Fill out and print the live scan pre-registration form to take with you to have your fingerprints taken, if you are already practicing as a fully licensed hearing aid dispenser in another state.

Please Note: If the State in which you are currently licensed does not have a continuing education requirement equivalent to the continuing education requirement in Maryland, the applicant shall, within 6 months being issued a license in Maryland, complete a prescribed number of hours of continuing education as determined by the Board, not to exceed 20 hours, so as to obtain an equivalent number of hours as is required for Maryland applicants.

PLEASE NOTE: While we are accepting electronic documents sent in the form of a scanned pdf (phone screenshots are not acceptable) to help expedite the licensing process, we will NOT accept ANY documents without original signatures and notarizations. Documents without original signatures and/or notarizations will be considered incomplete and the application will not be approved. Original documents of all documents submitted via the online application, must ALSO be sent to the Board office within 30 days of the issuance of a license.

**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 FAAX 410-358-0273 MARYLAND RELAY SERVICES 1-800-735-2258**

WAIVER OF HEARING AID DISPENSER EXAMINATION

Date: _____

Affix current 2x2
Size Photo

1. Name: _____

Last First Middle

2. Home Address: _____

Street Apt.

City State Zip Code

3. Home Phone: _____ Alternate# _____ Email _____

4. Date of Birth: _____ Social Security #: _____

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

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

6. EDUCATION

College Attended:

Address: _____

Street City State Zip Code

Dates Attended: _____ to _____

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

7. Have you previously been licensed in Maryland?

If yes, license No.: _____ Date expired: _____

8. Have you previously applied for license to dispense hearing aids in the State of Maryland or in another state? If so, when? _____ Where? _____

9. 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 an explanation on an attached sheet of paper.

FOR OFFICE USE

Received _____ CK () MO () Number _____

Revised November, 2020

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

(If none, please enter NA)

11 List any state (s) which you have previously been licensed _____

(If none, please enter NA)

12. If you are now licensed in another state, or have been licensed in another state in the past, please write your full name on the **Hearing Aid Dispenser Affidavit Form** included with this application. Have the affidavit (s) completed by the other state licensure board(s) and returned to the Board of Hearing Aid Dispensers, 4201 Patterson Avenue, Baltimore, Maryland 21215-2299.

13. Have this affidavit completed by a Notary Public

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 licensure. The fee is not refundable.

STATE OF _____ CITY OR COUNTY _____

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 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.

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AND SPEECH-LANGUAGE PATHOLOGISTS
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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: _____

Board Name _____

State of _____

*****PLEASE ENCLOSE A COPY OF THE STATE LAW AND**

REGULATIONS FOR HEARING AID DISPENSERS***

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).



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
