



**ARKANSAS BOARD OF HEARING INSTRUMENT
DISPENSERS**

Hearing Instrument Dispenser Application

Instructions: Please read carefully. **All questions must be answered in full.** An incomplete application will be returned and may result in delay of examination approval. This completed application must be accompanied by the following:

- A **recent** photograph of the applicant (Preferably 2-1/4" x 3-1/4").
- Proof of an education equivalent to two (2) years of college-level work from a regionally accredited College or University (**Official Transcript from Registrar only**).
- Current Calibrations of Equipment to be used.
- A check or money order to cover the Application Fee of \$100.00 (*non-refundable*).
- Notarized Affidavit of Applicant.

If the application is approved by the Board, the following fee(s) may apply:

- Practical examination fees of \$75.00
- One-time registration fee of \$50.00 (Due at time of licensing)
- Annual license fee of \$100.00

Send completed application and required materials to:

**Arkansas Board of Hearing Instrument Dispensers
4815 West Markham Street, Slot 2
Little Rock, AR 72205**

FOR OFFICIAL USE ONLY

Date application Received: _____

Received by: _____

Payment Received \$ _____ Date application reviewed by Board: _____

Disposition: _____

GENERAL INFORMATION

Personal Information: **Check to have correspondence mailed to residence.** Do not leave anything blank. Any incomplete information will result in the dismissal of an application.

Name (Last)	(First)	(Middle)	Date of Application	
Address	(City)	(State)	(Zip)	Date of Birth
Phone (Home)	(Cell)		E-Mail Address	

Equipment used during fitting and dispensing of hearing instruments. Include calibration dates.

(A) Audiometer Information:

Audiometer	Make /Model	Serial Number
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_____ Bone Conduction? Y N Masking? Y N Speech Testing? Y N
Date of Last Calibration

(B) Verification Method: Sound Field Real Ear _____
Equipment Used:

(C) Tympanometer Information:

Tympanometer Brand	Make /Model	Serial Number
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_____ Date of Last Calibration

(D) Other Testing Equipment: _____

Make (and model, if applicable) Purpose of Equipment:

Educational Information: Please submit an Official College Transcript.

College or University Attended _____ (City) _____ (State) _____ (Zip) _____

Total College Credits Earned: _____

List all educational work completed in hearing instrument fitting _____

Background Information: Use additional paper if necessary.

Have you ever had bond refused, canceled or paid in your behalf?

No ____ Yes ____ If yes, give full details _____

Have you ever been found guilty of or pled *nolo contendere* to an offense listed under Arkansas Code Annotated § 17-3-102?

No ____ Yes ____ If yes, give date, place and disposition of each charge _____

Have you previously applied for, or held a license or internship in the State of Arkansas?

No ____ Yes ____ If yes, give date and explain in detail the circumstances _____

Employment History: Please begin with current employer (up to the last ten 10 years). Failure to complete this section will be considered just cause for rejection of the application.

Employer Name _____ Employer Address _____

Employed From/To _____ Position _____ Reason for leaving _____

Employer Name _____ Employer Address _____

Employed From/To _____ Position _____ Reason for leaving _____

Employer Name _____ Employer Address _____

Employed From/To _____ Position _____ Reason for leaving _____

APPLICANT'S AFFIDAVIT

I do hereby affirm that all statements made in this application are true and correct to the best of my knowledge and belief. I further affirm that I have read Act 197 of 1969, as amended, together with the Rules of the Arkansas Board of Hearing Instrument Dispensers, and that I fully understand that in receiving a license or internship from the Board of Hearing Instrument Dispensers, I agree to be governed by them.

I do hereby request an examination in hearing instrument fitting and dispensing, at such time and place, and in such form as the Board of Hearing Instrument Dispensers may designate. I understand that the application fee which must accompany the submitting of this application, as specified on the cover, is for administrative purposes and is not refundable. Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for obtaining a license or internship.

Signature of Applicant

Date

State of _____

County of _____

On this, the ____ day of _____, 20____, before me personally appeared _____, to me known to be the person described in and who executed the foregoing instrument, and acknowledge that he/she executed the same as his/her free act and deed.

Notary Public My Commission Expires: _____