

APPLICANT 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. I am aware, understand, and agree, that the Internship is a **FULL TIME** position for the complete year, and if it ceases to be such during said time, the Board is to be notified immediately. I further understand that the Internship must be renewed if I (the intern) am to keep working after the Internship ends (in one year), and no license has been received. 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 an Internship License.

Signature of Applicant

Date

State of Arkansas

County of _____

On this _____ 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

SPONSOR AFFIDAVIT

I do hereby affirm that I have read and understand, Act 197 of 1969, and the Rules of the Board of Hearing Instrument Dispensers, and that I will act in accordance with the provisions contained in both of these documents in my capacity as sponsor for the applicant whose name appears in this application.

I am aware, understand, and agree, that the Internship is a **FULL TIME** position for the complete year, and if it ceases to be such during said time, the Board is to be notified immediately. I further understand that the Internship must be renewed if the Intern I am sponsoring is to keep working after the Internship ends (in one year), and no license has been received.

I further affirm that I have read the application of _____, and that to the best of my knowledge, all answers contained herein are true and complete.

Signature of Sponsor

Date

State of Arkansas

County of _____

On this _____ 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