



STATE OF ARKANSAS
Board of Hearing Instrument Dispensers

4815 West Markham Street, Slot 2
Little Rock, AR 72205
Phone: (501) 203-4032
E-mail: arhidboard@gmail.com

**HEARING INSTRUMENT DISPENSER
ANNUAL LICENSE RENEWAL
2022-2023 APPLICATION**

ALL SECTIONS MUST BE COMPLETED IN FULL

Completed application, verification of current calibration sheets for all equipment, 12 hours of approved CEUs, and payment in full (of \$100) must be postmarked by **June 30th, 2022**. A reply of **"See Attached" will not be accepted as an answer for ANY QUESTION/FIELD**. Failure to provide **ANY** of these items will result in your application being returned to you, along with a letter of explanation, which may result in delayed processing and late fees. You are advised to submit your renewal packet prior to the June 30th, 2022, deadline to ensure prompt processing. **Your license is not valid until approved. Allow 2 weeks from the date of postmark for virtual response. Please allow 4 weeks from date of postmark for hard copy documentations.**

If you are not renewing your license, please complete the Personal Information section and mail in this form as notification or send notification via email to arhidboard@gmail.com.

I am renewing, but I am no longer in the hearing industry. Applying for In-Active Status (\$50.00 Fee).

Personal Information

I wish to receive correspondence at home my address.

Name of License Holder License # Cell Phone # (**Required**)

Home Address City State Zip Personal Email Address (**Required**)
(Change of address must be sent by Certified Letter within 10 business days.)

Employment Information (please list **primary** office) **Receive correspondence at work address**

Name of Business (**Email within 10 days of employment changes.**) Phone #

Physical Address City State Zip Fax #

Mailing Address, if different City State Zip Website or Business Email Address

(C) **Tympanometry Information**

_____	_____	_____
Tympanometry Brand	Type	Serial Number

Date of Last Calibration		

(D) **Verification Method** **Sound Field** **Real Ear** _____
Equipment Used

(E) **Other Testing Equipment**

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

Make (and model, if applicable)	Purpose of Equipment

Continuing Education Information

A total of twelve (12) Continuing Education Units are **required** for license renewal, including one (1) unit of Ethics. All twelve CEUs must have been pre-approved by the Board and received between July 1st, 2021, and June 30th, 2022. You must include verification of these CEUs in your renewal packet. *If you received your initial license between July 1st, 2021 and June 30th, 2022, you are not required to provide proof of continuing education units.*

(A) Company-sponsored workshops or seminars

DATE	SUBJECT MATTER
_____	_____
_____	_____
_____	_____

(B) NHAS or State Society workshops or seminars

DATE	SUBJECT MATTER
_____	_____
_____	_____
_____	_____

(C) Profession study (journals, books, articles, etc.)

TITLE

SUBJECT MATTER

I CERTIFY that I have completed the aforementioned training or educational activities during the last twelve (12) months—**documentation is required.**

Signature of License Holder

Date

Mail completed application, supporting documentation,
and a **check or money order** in the amount of \$100 or \$50 to:

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

MUST be postmarked no later than June 30th, 2022, to avoid late fees. [Licenses are not valid until approved](#). Allow 2 weeks for processing of materials after postmark date to receive virtual confirmation and documentation.

Satellite Office Information

Please provide information for each office under your ownership.

(A)

_____	_____	_____	_____	_____	_____
Name of Office	Phone #	Hours of Operation			
_____	_____	_____	_____	_____	_____
Physical Address	City	State	Zip	Fax #	
_____	_____	_____	_____	_____	_____
Mailing Address, if different	City	State	Zip	Primary Contact	

(B)

_____	_____	_____	_____	_____	_____
Name of Office	Phone #	Hours of Operation			
_____	_____	_____	_____	_____	_____
Physical Address	City	State	Zip	Fax #	
_____	_____	_____	_____	_____	_____
Mailing Address, if different	City	State	Zip	Primary Contact	

(C)

_____	_____	_____	_____	_____	_____
Name of Office	Phone #	Hours of Operation			
_____	_____	_____	_____	_____	_____
Physical Address	City	State	Zip	Fax #	
_____	_____	_____	_____	_____	_____
Mailing Address, if different	City	State	Zip	Primary Contact	