



## ARKANSAS BOARD OF HEARING INSTRUMENT DISPENSERS

### Reciprocity Application for Licensure

Please read carefully and refer to Article XVI of the Rules and Regulations for guidance. **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 Applicant Affidavit.
- A Letter from the IHS stating the "Passage" and Date of the last ILE taken by the Applicant.
- A copy of all current State Hearing Instrument Dispensers Licenses held by the Applicant (*Excluding Temporary Licenses*), and NBC/HIS Certification (*if applicable*).
- Letters of Good Standing from each State the Applicant is Licensed in, including the NBC/HIS (*if applicable*).
- Three (3) Letters of Recommendation from Licensed Hearing Instrument Dispensers in the Applicant's Home State, attesting to the skills and competence possessed by the Applicant.

**If the application is approved by the Board, the following fee(s) will 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.

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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:**

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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:**

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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: \_\_\_\_\_