

4815 West Markham Street, Slot 2 Little Rock, AR 72205 Phone: (501) 661-2051

E-mail: ar.hid.board@arkansas.gov

HEARING INSTRUMENT DISPENSER ANNUAL LICENSE RENEWAL 2024-2025 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 \$5.00) must be postmarked by **June 30, 2024.** 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 30, 2024, deadline to ensure prompt processing. Your license is not valid until approved. Please allow 4 weeks from date of postmark for hard copy documentation.

If you are not renewing your license and are applying for inactive status, please complete the <u>Personal</u>

<u>Information</u> section, sign and date page 4, and mail in this form. I am renewing, but I am no longer in the hearing industry. Applying for inactive status (\$3.00 Fee). **Personal Information** I wish to receive correspondence at my home address. Name of License Holder License # Phone # (*Required*) Home Address City State Zip 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 Zip Fax # State Website or Business Email Address City Mailing Address, if different State Zip

If you work for a company with more than one office, please provide home office details as well. (If you are the

apply	y to you, please write "N/A"				,	
Hom	e Office Address	(City	State	Zip	
Hom	e Office Contact Name	Phone #			Fax #	
audio of eq to ar.	ting Equipment Information, Tympar ometer information, Tympar uipment used by you, from hid.board@arkansas.gov or by he returned and may be subject thed.	nometry information, and every office and mobile of phone at 501-661-2051. A	unit . Pla pplicati	ease submit a ons received	any questions about without the require	this via emai d information
Offic	e Address		City		State Z	Zip
Phon	e #	Fax #			Hours of Operat	ion
(A)	Audiometer Information					
	Audiometer Make	Model		Serial Nun	mber	_
	Date of Last Calibration	Bone Conduction? (Y/N)	M	asking? (Y/N)	Live Speech on	· Audio File/ Recording
(B)	Audiometer Information					
	Audiometer Make	Model		Serial Nun	mber	
	Date of Last Calibration	Bone Conduction? (Y/N)	$\overline{\mathrm{M}}$	Tasking? (Y/N)	Live Speech on	: Audio File/ Recording

owner of the establishment and have multiple offices, please complete Page 5.) If this section does not

	Tympanometry Brand	Туре	Serial Number			
	Date of Last Calibration					
(D)	Verification Method:	□ Real Ear	Equipment Used	Serial Number		
		□ Sound Field	I. I.			
	⊔ Sound Field		Enter the audiometer that is used in sound field tes and sound field calibration.			
(E)	Other Testing Equipme	<u>ent</u>				
	Make (and model, if applicab	ole)	Purpose of Equipment			
	Make (and model, if applicate	ole)	Purpose of Equipment			
<u>Con</u>	tinuing Education Info	ormation				
A tota	al of twelve (12) Continuing	Education Units are rec	quired for license renewal, inclu			
A tota All tw You 1	al of twelve (12) Continuing velve CEUs must have been must include verification of t	Education Units are rec pre-approved by the Bo hese CEUs in your rene	oard and received between July wal packet. <u>If you received your ini</u>	1, 2023, and June 30, 2024		
A tota All tw You 1	al of twelve (12) Continuing velve CEUs must have been	Education Units are rec pre-approved by the Bo hese CEUs in your rene	oard and received between July wal packet. <u>If you received your ini</u>	1, 2023, and June 30, 2024		
A tota All tw You 1 <u>and Ju</u>	al of twelve (12) Continuing velve CEUs must have been must include verification of t	Education Units are rec pre-approved by the Bo hese CEUs in your reneal to provide proof of continu	oard and received between July wal packet. <u>If you received your ini</u>	1, 2023, and June 30, 2024		
A tota All tw You 1 <u>and Ju</u>	al of twelve (12) Continuing velve CEUs must have been must include verification of the 30, 2024, you are not require	Education Units are rec pre-approved by the Bo hese CEUs in your reneal to provide proof of continu	oard and received between July wal packet. If you received your ini ing education units.	1, 2023, and June 30, 2024		
A tota All tw You 1 <u>and Ju</u>	al of twelve (12) Continuing velve CEUs must have been must include verification of the same 30, 2024, you are not required. A) Company-sponsored work	Education Units are rec pre-approved by the Bo hese CEUs in your rene and to provide proof of continu- ashops or seminars	oard and received between July wal packet. If you received your ini ing education units.	1, 2023, and June 30, 2024		

	DATE	SUBJECT MATTE	R			
(C)	Profession study (journals, books, articles, etc.)					
	TITLE		SUBJECT MATTER			
Rules – provide are inst	ed to patients as required by Aructions of what should be in	ark. Code Ann. Section 1' ncluded on the bill of sal	the currently used bill of sale or comparable documen 7-84-104 must be submitted with your renewal. Attached or comparable document. Please submit a copy of the r license renewal application.			
Rules -	ice Assembly of Hearing I Per Article VIII, Section 3 ing in-office assembled hear	(iv)(d): A statement rega	rding whether the licensee is engaged in the practice o			
Do you	currently engage in the prac	ctice of dispensing in-offi	ice assembled hearing instruments? Yes No			
	s, and I submitted a copy o		ning or educational activities during the last twelve (12 of sale or comparable document—documentation i			
Signatu	re of License Holder		Date			

Mail completed application, supporting documentation, and a *check or money order* in the amount of \$5.00 (renew license) or \$3.00(inactive status) to:

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

MUST be postmarked no later than June 30, 2024, to avoid late fees. <u>Licenses are not valid until approved</u>. Allow 4 weeks from date of postmark for hard copy documentation.

Satellite Office Information

Mailing Address, if different

Please provide information for each office under your ownership.

(A)					
Name of Office	Phone #		Но	ars of Operation	
Physical Address	City	State	Zip	Fax #	
Mailing Address, if different	City	State	Zip	Primary Contact	
(B)					
Name of Office	Phone #		Но	ars of Operation	
Physical Address	City	State	Zip	Fax #	
Mailing Address, if different	City	State	Zip	Primary Contact	
(C)					
Name of Office	Phone #		Ног	urs of Operation	
Physical Address	City	State	Zip	Fax #	

State

Zip

Primary Contact

City