

**STATE OF ARKANSAS HEARING INSTRUMENT DISPENSER
APPLICATION**

**State of Arkansas Board of Hearing Instrument Dispenser
2701 S. Caraway Rd. Suite A1
Jonesboro, AR 72401**

Instructions — please read carefully. All questions must be answered fully and completely. An incomplete application will be returned and may result in a delay in 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")
- A copy of proof of an education equivalent to two (2) years of college-level work at a regionally accredited college or university (**Official transcript only**)
- A check to cover the application fee of \$200.00 (non-refundable)
- Notarized affidavit of applicant and sponsor

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

- International Hearing Society examination fee of \$225.00
- Practical examination fees of \$75.00
- One-time registration fee of \$50.00 (due at time license is issued)
- Internship fee of \$150.00
- Annual license fee of \$225.00

Send completed application to:

**State of Arkansas Board of Hearing Instrument Dispenser
P.O. Box 219
Jacksonville, AR 72078**

For Board Use Only—do not write in this space

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

GENERAL INFORMATION

Personal Information Check to have correspondence mailed to residence

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

Equipment used in the fitting and dispensing of hearing instruments, including 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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_____ Type Date of Last Calibration

(D) Other Testing Equipment _____

Make (and model, if applicable) Purpose of Equipment

Educational Information

Name of Accredited College or University Attended Location of College or University
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 arrested for or convicted of a felony?
No _____ Yes _____ If yes, give date, place and disposition of each charge _____

Have you ever been arrested for or convicted of any crime? Do not include anything which happened before your 16th birthday. Do not include traffic violations for which a fine of less than \$50 was imposed.

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—begin with most recent job first, up to the last ten (10) years; failure to complete this section will be considered just cause for rejection of 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 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 _____