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

ARKANSAS BOARD OF HEARING INSTRUMENT DISPENSERS

INTERNSHIP EXTENSION REQUEST

*** Fee for Internship Extension is $150.00***

Name of Intern _____ Internship Lic. # _____ Email Address _____

Original Internship Approval Period _____ Issued _____ Expires

Name of Sponsor _____ Email Address _____

Physical Address _____ City _____ State _____ Zip _____

Requested Extension Dates _____ Issuance _____ Expiration

Explanation for Request. Please provide as much detail as possible.

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I do hereby affirm that I have read, and fully understand, Act 197 of 1969, as amended, and the Rules of the Board of Hearing Instrument Dispensers, and that I will act in accordance with the provisions contained in both documents. I further understand that if extended, the Internship is extended for one full year (12 months) and is a full-time position.

Signature of Intern _____ Date _____ Signature of Sponsor _____ Date _____