



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 Internship Application

Instructions: Be sure to read all information and requirements carefully. **All questions must be answered in full.** An incomplete application will be returned, resulting in a delay of processing and review.

A completed Internship 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**).
- A check or money order to cover the Application Fee of \$100.00 (*non-refundable*).
- Applicant's Notarized Affidavit.
- Calibration Certificates.
- Notarized Affidavit from Sponsor. Please note, the internship is a **Full-Time** position and will not be acceptable otherwise.

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

- Practical Examination fee of \$75.00
- One-time Registration fee of \$50.00 (due at time of licensing)
- Internship Program fee of \$100.00
- Annual License fee of \$100.00

FOR OFFICIAL USE ONLY

Date Application Received: _____ Received By: _____
Application Fee (\$200) Received: _____ Check#: _____
Date Reviewed by Board: _____ Approved Denied
Date Applicant Notified: _____

GENERAL INFORMATION

Personal Information

_____	_____	_____	_____	
Name (Last)	(First)	(M.I)	Date of Application	
_____	_____	_____	_____	
Address	(City)	(State)	(Zip)	Date of Birth
_____	_____	_____	_____	_____
Phone #	Cell#	_____	E-Mail Address	

Internship Information

Check to have correspondence mailed to business.

_____	_____			
Name of Sponsor	Sponsor's License #			
_____	_____			
Business (Place of Internship)	Phone #			
_____	_____			
Business Address	(City)	(State)	(Zip)	Fax #
_____	_____	_____	_____	_____
Financially Responsible Party/Owner	Owner's License #			
_____	_____			
Owner's Address	(City)	(State)	(Zip)	
_____	_____	_____	_____	
Business E-Mail	Secondary E-Mail			

Equipment used in the fitting and dispensing of hearing instruments, including calibration dates. *(Please include calibration certificates.)*

Audiometer Information

Audiometer Make	Model	Serial Number
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Date of Last Calibration

Bone Conduction? Y N Masking? Y N Speech Testing? Y N

Verification Method

Sound Field Real Ear _____

Equipment Used

Tympanometer Information

Tympanometer Brand	Type	Date of Last Calibration
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Other Testing Equipment

Make/Type	Functions
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Make/Type	Functions
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Educational Information

Name of Accredited College or University	Location
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Total College Credits Earned: _____

Educational work completed in hearing instrument fitting: _____

Background Information- Use additional paper if necessary.

Have you ever had bond refused, canceled, or paid on 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 Information-Begin with most current position held, list the following ten (10) years. Failure to complete this section will be considered just cause for rejection of an application. Please use additional paper if needed, or provide a resume.

Employer Employer Address

Employed From/To Position Reason for Leaving

Employer Employer Address

Employed From/To Position Reason for Leaving

Employer Employer Address

Employed From/To Position Reason for Leaving

APPLICANT 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.

I am aware, understand, and agree, that the Internship is a **FULL TIME** position for the complete year, and if it ceases to be such during said time, the Board is to be notified immediately. I further understand that the Internship must be renewed if I (the intern) am to keep working after the Internship ends (in one year), and no license has been received.

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 an Internship License.

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

SCHEDULE OF TRAINING AND SUPERVISION

Each sponsor must submit to the Board, at the time the application is submitted, a written outline of the training program intended for the use with each intern, which must be approved by the Board prior to issuance of any internship certificate.

Textbooks to be used (including title, author, and publisher) during internship:

Program of personal supervision to be followed during internship:

The above outline is for the **FULL-TIME** training/supervision of _____.
I understand that, at any time, the Board may require proof this schedule is being followed. At the time the internship is completed and before the intern will be allowed to take the license examination, I must submit to the Board a written report on a form furnished by the Board, verifying under oath that the intern has successfully completed the prescribed internship program.

Signature of Sponsor

Date

SPONSOR AFFIDAVIT

I do hereby affirm that I have read and understand, Act 197 of 1969, and the Rules of the Board of Hearing Instrument Dispensers, and that I will act in accordance with the provisions contained in both of these documents in my capacity as sponsor for the applicant whose name appears in this application.

I am aware, understand, and agree, that the Internship is a **FULL TIME** position for the complete year, and if it ceases to be such during said time, the Board is to be notified immediately. I further understand that the Internship must be renewed if the Intern I am sponsoring is to keep working after the Internship ends (in one year), and no license has been received.

I further affirm that I have read the application of _____, and that to the best of my knowledge, all answers contained herein are true and complete.

Signature of Sponsor

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