



STATE OF 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
ANNUAL LICENSE RENEWAL
2020-2021 APPLICATION**

ALL SECTIONS MUST BE COMPLETED

Completed application, verification of calibrations, CEUs, and full payment of \$225 must be postmarked by June 30, 2020. 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 30th deadline to ensure prompt processing. **Your license is not valid until approved. Allow 2 weeks from the date of postmark.**

If you are not renewing your license, please complete the Personal Information section and mail in this form as notification, or send notification via email to arhidboard@gmail.com.

I am renewing, but I am no longer in the hearing industry.

Personal Information

I wish to receive correspondence at home my address.

Name of License Holder License # Cell Phone # (**Required**)

Home Address City State Zip Personal 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 State Zip Fax #

Mailing Address, if different City State Zip Website or Business Email Address

If you work for a company with more than one office, please provide home office details as well. **(If you are the owner of the establishment and have multiple offices, please complete Page 4.)**

Home Office Address City State Zip

Home Office Contact Name

Phone #

Fax #

Testing Equipment Information

Audiometer information, Tympanometry information, and proof of calibration are required for *every piece* of equipment used by you, from every office. Please submit any questions about this via email to arhidboard@gmail.com, or by phone at 501-203-4032. Applications received without the required information will be returned and may be subject to a late fee. Please use one form per office. ***Make additional copies as needed.***

Office Address

City

State

Zip

Phone #

Fax #

Hours of Operation

(A) Audiometer Information

Audiometer Make

Model

Serial Number

Date of Last Calibration

Bone Conduction? (Y/N)

Masking? (Y/N)

Speech Testing Equipment

(B) Audiometer Information

Audiometer Make

Model

Serial Number

Date of Last Calibration

Bone Conduction? (Y/N)

Masking? (Y/N)

Speech Testing Equipment

(C) Tympanometry Information

Tympanometry Brand

Type

Serial Number

Date of Last Calibration

(D) Verification Method Sound Field Real Ear

Equipment Used

(E) Other Testing Equipment

Make (and model, if applicable)

Purpose of Equipment

Make (and model, if applicable)

Purpose of Equipment

Continuing Education Information

A total of twelve (12) Continuing Education Units are **required** for license renewal, including one (1) unit of Ethics. All twelve CEUs must have been pre-approved by the Board and received between July 1, 2019, and June 30, 2020. You must include verification of these CEUs in your renewal packet. *If you received your initial license between July 1, 2019 and June 30, 2020, you need not provide proof of continuing education units.*

(A) Company-sponsored workshops or seminars

DATE	SUBJECT MATTER
_____	_____
_____	_____
_____	_____

(B) NHAS or State Society workshops or seminars

DATE	SUBJECT MATTER
_____	_____
_____	_____
_____	_____

(C) Profession study (journals, books, articles, etc.)

TITLE	SUBJECT MATTER
_____	_____
_____	_____
_____	_____

I CERTIFY that I have completed the aforementioned training or educational activities during the last twelve (12) months—**documentation is required.**

Signature of License Holder

Date

Mail completed application, supporting documentation,
and a check or money order in the amount of \$225 to:

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

**Must be postmarked no later than June 30th to avoid late fees. [Licenses are not valid until approved.](#)
Allow 2 weeks for process of license after June 30th, 2020 postmark.**

Satellite Office Information

Please provide information for each office under your ownership.

(A)

_____	_____	_____	_____	_____	_____
Name of Office	Phone #	Hours of Operation			
_____	_____	_____	_____	_____	_____
Physical Address	City	State	Zip	Fax #	
_____	_____	_____	_____	_____	_____
Mailing Address, if different	City	State	Zip	Primary Contact	

(B)

_____	_____	_____	_____	_____	_____
Name of Office	Phone #	Hours of Operation			
_____	_____	_____	_____	_____	_____
Physical Address	City	State	Zip	Fax #	
_____	_____	_____	_____	_____	_____
Mailing Address, if different	City	State	Zip	Primary Contact	

(C)

_____	_____	_____	_____	_____	_____
Name of Office	Phone #	Hours of Operation			
_____	_____	_____	_____	_____	_____
Physical Address	City	State	Zip	Fax #	
_____	_____	_____	_____	_____	_____
Mailing Address, if different	City	State	Zip	Primary Contact	