



Application Checklist for Hearing Aid Dispensers

Exam Only

If you need assistance, please email the Board at
speechandhearing@dca.ca.gov

1. Application

- Please submit a 2x2 passport quality photograph.

2. Fees

- Please submit a check or money order to the Board in the amount of \$300.00, which covers the application and written exam fee, made payable to SLPAHADB.

3. Fingerprints – DOJ and FBI clearances must be received prior to issuance of a license.

- **California** applicants are required to use Live Scan for fingerprinting; please submit a copy of the completed form to the Board. Fees are paid directly to the Live Scan operator.
- **Out-of-State** applicants are required to submit two fingerprint cards (FD-258) and a check or money order to the Board for \$49.00 (DOJ and FBI processing fee). You may request fingerprint cards be emailed to you at speechandhearing@dca.ca.gov
 - For out-of-state applicants, one (1) check or money order in the amount of \$349 (\$300 application and written exam fee and \$49 fingerprint card processing fees) may be submitted. Please make check or money order payable to SLPAHADB.

4. High School Diploma

- Please submit a copy of your high school diploma or GED with your application.

5. Government Issued ID verifying a minimum of 18 years of age

- Please submit a copy of a Driver's License, Passport, ID card, etc.

PLEASE NOTE: All of the above items must be submitted at the same time. Incomplete application packets will be returned.



HEARING AID DISPENSER INITIAL LICENSE APPLICATION APPLICANT/Written EXAM – NO LICENSE

\$300.00

(Application Fee \$75 + Written Exam Fee \$225)

INSTRUCTIONS: Do not print this application double-sided. Any corrections to this form must be crossed out and initialed. Please do not use any white out or correction tape on this application.

IMPORTANT INFORMATION: This pathway to licensure requires you to pass both the California written and practical exams to obtain your permanent license. You are not allowed to work without a license. The passing of the written exam is required prior to taking the practical exam.

PART A – Applicant Information

1. FULL LEGAL NAME:	LAST	FIRST	MIDDLE
2. OTHER NAMES YOU HAVE USED (INCLUDING MAIDEN):			
3. STREET ADDRESS:			
CITY, STATE, ZIP CODE:			
4. RESIDENCE TELEPHONE:			
5. SOCIAL SECURITY NUMBER (SSN) OR INDIVIDUAL TAX IDENTIFICATION NUMBER (ITIN):			
6. DATE OF BIRTH: (MM/DD/YYYY)			
7. EMAIL ADDRESS:			
8. ARE YOU, A SPOUSE, OR DOMESTIC PARTNER OF AN ACTIVE DUTY MILITARY PERSONNEL? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If yes, you may qualify for expedited application processing. An applicant for expedited application processing must meet the following requirements: 1) provide evidence that the applicant is married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in California under official active duty orders and; 2) hold a current license in another state, district, or territory of the United States in hearing aid dispensing.			
9. ARE YOU AN HONORABLY DISCHARGED VETERAN OF THE ARMED FORCES? Yes <input type="checkbox"/> NO <input type="checkbox"/>			
If yes, you may qualify for expedited application processing. An applicant for expedited application processing must meet the following requirement: 1) supply satisfactory evidence to the Board that the applicant has served as an active duty member of the Armed Forces of the United States and was honorably discharged.			

ATTACH 2" x 2"
**PASSPORT QUALITY
 PHOTOGRAPH**
 (Must be an actual
 photograph, not a paper
 copy.)

Photographs must be taken
 within 60 days of the filing date
 of this application.

Print your full name on the back
 of the photograph.

PART A – Continued

A <u>YES</u> answer to any of the questions below (11 through 16), requires you to complete and submit the Conviction and Discipline Reporting Form.		YES	NO
10. Have you ever been the subject of a disciplinary action or have any <i>pending</i> disciplinary action taken or charges filed against any speech-language pathology, audiology, hearing aid dispensing, or other healing arts license? Include any disciplinary action taken by any other state or federal government entity? <i>This includes, but is not limited to, suspension, revocation, probation, confidential discipline, consent order, letter of reprimand or warning, or any other restriction of actions taken against a license.</i>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Have you had any pending investigations by any State or Federal agencies against you?	<input type="checkbox"/>	<input type="checkbox"/>	
12. Have you been denied a license to practice speech-language pathology, audiology, hearing aid dispensing, or other healing arts, in any state or country?	<input type="checkbox"/>	<input type="checkbox"/>	
13. Have you voluntarily surrendered a license to practice speech-language pathology, audiology, hearing aid dispensing, or other healing arts in another state or country?	<input type="checkbox"/>	<input type="checkbox"/>	
14. Have you been convicted of, or pled nolo contendere to any criminal offense, misdemeanor or felony of any state, the United States, its territories or a foreign country? <i>(This includes any citation, infraction, misdemeanor and/or felony, excluding violations of minor traffic laws not involving alcohol or drugs which result in fines of \$300 or less. Note: Convictions that were later dismissed pursuant to Sections 1203.4, 1203.4a, or 1203.41 of the California Penal Code or equivalent non-California law must be disclosed. Convictions that were adjudicated in the juvenile court or convictions under California Health and Safety Code Sections 11357(b),(c),(d),(e), or Section 11360(b) that are two years or older should not be reported).</i> <i>You must also submit a certified copy of any court order dismissing a conviction pursuant to Penal Code Sections 1203.4, 1203.4a, or 1203.41.</i>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Are you required to register as a sex offender pursuant to Section 290 of the Penal Code, or the equivalent in another state or territory, or military or federal law?	<input type="checkbox"/>	<input type="checkbox"/>	

PART B – Declaration of Education

16. NAME OF HIGH SCHOOL ATTENDED (<i>PROVIDE A COPY OF HIGH SCHOOL DIPLOMA OR GED</i>)			
YEAR GRADUATED OR YEAR PASSED GED			
17. NAME OF COLLEGE ATTENDED	YEAR GRADUATED OR UNITS ACHIEVED	DEGREE AWARDED	

PART C – Professional Data

YES NO

18. Are you an audiologist licensed to practice in California? If yes, please provide license number:	<input type="checkbox"/>	<input type="checkbox"/>
19. Are you a physician licensed to practice in California? If yes, please provide license number:	<input type="checkbox"/>	<input type="checkbox"/>
20. What state(s) have you previously been licensed to dispense hearing aids? Please provide verification from each state. Use additional page if needed. State: _____ License Number: _____ Date Issued: _____ Current status of license : Active <input type="checkbox"/> Inactive <input type="checkbox"/> Suspended <input type="checkbox"/> Revoked <input type="checkbox"/> Other <input type="checkbox"/>		
21. Have you ever held or applied for a temporary or permanent license in California? If yes, please list when and under what name.	<input type="checkbox"/>	<input type="checkbox"/>

I hereby certify under penalty of perjury under the laws of the State of California that all statements made herein are true in every respect and that misstatements or omissions of material facts may be cause for denial of this application, or for suspension or revocation of a license.

APPLICANT'S SIGNATURE: _____ DATE SIGNED: _____

Notice: Effective July 1, 2012, the State Board of Equalization and the Franchise Tax Board may share taxpayer information with the Board. You are obligated to pay your state tax obligation and your license may be suspended if your tax obligation is not paid.



REQUEST FOR LIVE SCAN SERVICE

[Print Form](#)

[Reset Form](#)

Applicant Submission

A0431

ORI (Code assigned by DOJ)

License

Authorized Applicant Type

Hearing Aid Dispenser

Type of License/Certification/Permit OR Working Title (Please circle one) (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY & HEARING AID DISPENSERS

05634

Agency Authorized to Receive Criminal Record Information

Mail Code (five-digit code assigned by DOJ)

2005 Evergreen Street, Suite 2100

Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

Sacramento, CA 95815

City State ZIP Code

Contact Telephone Number

Applicant Information:

Last Name

First Name Middle Initial Suffix

Other Name (AKA or Alias) Last

First Suffix

Date of Birth Sex Male Female

Driver's License Number

Height Weight Eye Color Hair Color

Billing Number

(Agency Billing Number)

Place of Birth (State or Country) Social Security Number

Misc. Number BIL-Applicant Must Pay At Site

(Other Identification Number)

Home Address Street Address or P.O. Box

City State ZIP Code

Your Number: HA 6700

OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI

If re-submission, list original ATI number: (Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

THIS SECTION IS NOT APPLICABLE

Employer Name

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City State ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed



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Applicant Information:

Last Name

First Name Middle Initial Suffix

Other Name (AKA or Alias) Last

First Suffix

Date of Birth Sex Male Female

Driver's License Number

Height Weight Eye Color Hair Color

Billing Number

(Agency Billing Number)

Place of Birth (State or Country) Social Security Number

Misc. Number BIL-Applicant Must Pay At Site

(Other Identification Number)

Home Address Street Address or P.O. Box

City State ZIP Code

Your Number: HA 6700
OCA Number (Agency Identifying Number)

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ORI (Code assigned by DOJ)

Hearing Aid Dispenser

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Contact Telephone Number

Applicant Information:

Last Name

First Name
Suffix

Middle Initial

Other Name
(AKA or Alias) Last

First

Suffix

Date of Birth

Sex Male Female

Driver's License Number

Height

Weight

Eye Color

Hair Color

Billing
Number

(Agency Billing Number)

Place of Birth (State or Country)

Social Security Number

Misc.
Number

BIL-Applicant Must Pay At Site

(Other Identification Number)

Home

Address Street Address or P.O. Box

City

State

ZIP Code

Your Number: HA 6700

OCA Number (Agency Identifying Number)

Level of Service:

DOJ

FBI

If re-submission, list original ATI number:
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