



Recruitment Application for Participation in Hearing Aid Dispensing Exam Development Workshops and Practical Examinations

Hearing Aid Dispenser License No. _____ Dispensing Audiologist License No. _____

Applicant Information:

1.	FULL LEGAL NAME:	LAST	FIRST	MIDDLE	
2. STREET ADDRESS					
CITY, STATE, ZIP CODE:					
3. EMAIL ADDRESS:					
4. CURRENT PLACE OF EMPLOYMENT:					
				YES	NO
5.	Do you currently provide training or develop training materials for HAD or DAU trainee?			<input type="checkbox"/>	<input type="checkbox"/>
6.	Do you regularly create and perform ear impressions on clients? If YES, how often do you perform ear impressions? # Weekly: _____ # Monthly: _____ Rarely: _____			<input type="checkbox"/>	<input type="checkbox"/>
7.	Do you feel comfortable using a gun?			<input type="checkbox"/>	<input type="checkbox"/>
8.	Do you feel comfortable using a syringe?			<input type="checkbox"/>	<input type="checkbox"/>
9.	Do you service/repair hearing aids in your office? If NO, do you have recent experience repairing hearing aids? When last? Month/Year: _____ What type of repairs? _____			<input type="checkbox"/>	<input type="checkbox"/>
10.	Do you record results of the test? (Manual Charting) What type of audiometric equipment do you use? Make/Model: _____			<input type="checkbox"/>	<input type="checkbox"/>
11.	Have you ever served as an examiner for the HAD Practical exam before? When? Month/Year: _____				
12.	What percentage of your time do you spend: Dispensing: _____% Audiometric Testing: _____% Service/Repair: _____% Other % (define tasks) _____				
13.	During audiometric testing, what percentage of the following groups describe your practice? No Bone or Masking Required _____% Bone Without Masking _____% Bone With Masking _____%				

14. Start date of continued practice in the state of CA: Workshops – minimum of 3 yrs / Practical – minimum of 5yrs.

Month/Year: _____

15. Please list your previous places of employment covering the previous five years:

1. Employer: _____

Address: _____

Phone Number: _____

Dates of Employment: _____

2. Employer: _____

Address: _____

Phone Number: _____

Dates of Employment: _____

3. Employer: _____

Address: _____

Phone Number: _____

Dates of Employment: _____

16. Have you had any complaints or discipline against your license? If yes, please explain:

17. Are you a member of any professional organization (s)? If yes, please note which ones.

18. Do you have any obligations that might prevent you from attending exams? If yes, please explain.

19. Why do you want to attend workshops or be an examiner for the practical examination?

****Please attach a current resume and three professional letters of references.****

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 SIGNATURE: _____

DATE SIGNED: _____