

STATE OF MAINE

BOARD OF HEARING AID DEALERS AND FITTERS

APPLICATION FOR TRAINEE PERMIT AND APPLICATION FOR LICENSURE BY RECIPROCITY



Department of Professional and Financial Regulation

Office of Licensing and Registration

35 State House Station

Augusta, ME 04333-0035

Office Telephone: (207) 624-8609
HEARING IMPAIRED (207) 624-8563

Office located at: 122 Northern Avenue, Gardiner, Maine

Application Guide for Licensure as a Hearing Aid Dealer and Fitter

Please read all the information carefully. If you have any questions, you can contact the Board of Hearing Aid Dealers and Fitters office at (207) 624-8609.

Furnished to Applicant:

1. Licensing law for Hearing Aid Dealers and Fitters
2. Licensing rules for Hearing Aid Dealers and Fitters
3. Application Guide for Licensure as a Hearing Aid Dealer and Fitter
4. Application for Licensure
5. Verification of Licensure Form
6. Verification of Trainee Practicum Form
7. Accommodation Request Form
8. Brochure to order Training Manual
9. Board Approved Institutions for Continuing Education
10. Criminal Records Check Memo
11. Criminal Records Check Form
12. Authorization of Credit Card Payment Form

ELIGIBILITY FOR LICENSURE:

All applicants applying for a **Trainee Permit** must submit the following:

A completed application with a recent photograph attached;

Proof of age. The Board will accept a copy of the applicant's birth certificate, a copy of state driver's license, or other state identification card providing the applicant's date of birth and bearing a photograph;

Documentation of an education equivalent of a 4-year course in an accredited high school;

Two (2) written business reference letters indicating the applicant's business attitude and ethics. Most recent employers are preferred;

Two (2) written character references not related to the applicant;

An alternative to the examination given by the Board as an acceptable substitution for the written portion of the examination is the ASHA examination for Clinical Competency in Audiology. The passing score is 600. Please enclose proof of passing the ASHA examination in Audiology;

Payment of a \$50.00 permit fee and a \$25.00 application fee. Make your check payable to: Maine State Treasurer. Please refer to Board's statutes and rules for further clarification; and

Payment of a separate \$8.00 fee for a criminal records (SBI) check. Please make your check payable to: Maine State Treasurer.

All applicants for a **Hearing Aid Dealer and Fitter license** must meet the following requirements:

Obtained a trainee permit pursuant to §1658-J and has received a minimum of 750 hours of training the practice of fitting and dealing in hearing aids under the direct supervision of a licensee during a period of not fewer than 6 nor more than 12 months;

Passed the Board of Hearing Aid Dealers and Fitters Practical Examination;

Passed the National Institute for Hearing Instruments Studies Written Examination (if applicable); and

Payment of the \$185.00 license fee (\$93.00 after July 1st annually).

All applicants applying for licensure by **Reciprocity** must submit the following:

A completed application with a recent photograph attached;

Proof of age. The Board will accept a copy of the applicant's birth certificate, a copy of state driver's license, or other state identification card providing the applicant's date of birth and bearing a photograph;

Two (2) business reference letters indicating the applicant's business attitude and ethics. Most recent employers are preferred;

Two (2) character references not related to the applicant;

Copy of out-of-state license;

Copy of out-of-state licensing statutes and rules;

Completed Verification of Licensure Form (enclosed);

Payment of a \$185.00 license fee (\$93.00 after July 1st annually) and a \$25.00 application fee. Please make your check payable to: Maine State Treasurer; and

Payment of a separate \$8.00 fee for a criminal records (SBI) check. Please make your check payable to: Maine State Treasurer.

EXAMINATION:

A. Examination Dates:

The Board of Hearing Aid Dealers and Fitters Written and Oral examinations are held in May and October yearly at the Department of Professional and Financial Regulation, Gardiner Annex, 122 Northern Avenue, Gardiner, Maine. Your application for licensure also serves as a request for examination. No separate form is required. A complete application and all supporting documentation for examination must be postmarked no later than forty-five (45) days prior to the next examination.

B. Written Examination:

The written examination is based upon information in the Training Manual for Professionals in the Field of Hearing Instrument Sciences, published by the National Institute for Hearing Instruments Studies, Education Division of International Hearing Society. Enclosed you will find a brochure to order this Training Manual.

Contents of International Written Examination 'A'

<u>Section</u>	<u>Subject</u>	<u>Lessons of Manual</u>
I	Acoustics: General Principles, Pitch & Tone Quality of Sound Intensity & Loudness of Sound	Lessons 13, 14, 15
II	Acoustics: Hearing & Speech The Human Ear: External & Middle Ear The Human Ear: Inner	Lessons 1, 3, 5
III	The Hearing Process Disorders of Hearing: Conductive	Lessons 2 and 4
IV	Disorders of Hearing: Sensorineural, Central & Non-Organic Pure Tone Audiometry: Theory	Lessons 6 and 7
V	Pure Tone Audiometry: Air Conduction Pure Tone Audiometry: Bone Conduction	Lessons 8, 9, 10
VI	Speech Audiometry The Hearing Analysis: The Audiogram	Lessons 11 and 12
VII	The Hearing Analysis: The Auditory Area An Introduction to Electronics	Lessons 12, 15, 18
VIII	Hearing Aids: Characteristics & Components	Lessons 19 and 20
IX	Hearing Aid Fitting: Part I and II	Lessons 16, 20, 22, and 23
X	The Earmold - Delivery & Post Care Fitting	Lessons 15, 21, 24, and 25

In addition, students must read the material that is indicated for each lesson in the required textbooks.

C. Practical Examination

The purpose of the oral examination is to determine the extent of your basic knowledge and practical skills relating to the selection and fitting of Hearing Aids. You will be examined in the following areas:

Section I: Medical Clearance, Waiver, FDA Regulations, Identification of normal and abnormal external ear conditions and anatomy of external ear.

Section II: Pure-Tone air and bone conduction testing, masking and otoscopic examination.

Section III: Earmold impression and trouble shooting hearing aids.

Section IV: Hearing Aid delivery, notice to purchaser, payment and trial period.

You will need to bring the following on the day of the examination:

1. Audiometer
2. Earmold Impression Materials
3. Instruments for Otosopic Examination
4. Stethoset
5. Materials for changing earmold tubing--including a tubed earmold

D. Results

All candidates are notified in writing, approximately 3-4 weeks after examination administration, as to their oral and/or written examination results.



STATE OF MAINE
 DEPARTMENT OF PROFESSIONAL
 AND FINANCIAL REGULATION
Board Hearing Aid Dealers and Fitters
 35 STATE HOUSE STATION
 AUGUSTA, MAINE
 04333-0035
 OFFICE PHONE (207) 624-8609
 HEARING IMPAIRED (207) 624-8563

ANGUS S. KING, JR.
 GOVERNOR

ANNE L. HEAD
 DIRECTOR

APPLICATION FOR LICENSURE

The following statement is made pursuant to the Privacy Act of 1974, §7(B). Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for Tax Administration purposes pursuant to 36 M.R.S.A. §175 as authorized by the Tax Reform Act of 1975 (42 U.S.C. §405(C)(2)(C)(I)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 M.R.S.A. §191.

PLEASE CHECK ONE OF THE FOLLOWING: Trainee Permit Licensure by Reciprocity

To Be Completed by the Applicant

Please Read Application Guide Prior to Completing this Application.			
Name			
Mailing Address			
City		State	
County		Home Telephone	Work Telephone
Social Security #:		Date of Birth	Zip Code

EDUCATION

List the names of all institutions attended, the beginning and graduation dates at each institution, and degree(s) awarded (if applicable).

NAME OF SCHOOL	DATES ATTENDED	DATES GRADUATED	DEGREE AWARDED

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Have you ever been licensed in another state or territory? Yes No
 State: _____ License # _____
 Date Issued: _____ Expiration Date: _____
2. Has your application for examination or licensure been denied by any state governing the practice of hearing aid dealers and fitters? Yes No
 If yes, please attach an explanation.
3. Has your license ever been suspended or revoked by any state? Yes No
 If yes, please attach an explanation.
4. Have you ever been or convicted of, or plead guilty to a crime? Yes No
 If yes, please list date(s) and crime(s), and submit a copy of the court judgment(s).

To Be Completed by the Supervising Dealer:

Affiliated Business		License Number
Mailing Address		
City	State	Zip Code
Licensed Dealer Responsible For Supervision		License Number
Signature of Supervising Dealer		Date

By my signature, I affirm that all information provided in connection with this application is true to the best of my knowledge and belief, with the understanding that any omissions, inaccuracies, or failure to make full disclosure may be deemed sufficient reason to suspend or recommend revocation of a license issued by the Department. I further authorize all law enforcement agencies and officials thereto to release to the Department any and all criminal history record information pertaining to myself.

Signature of Applicant

Date



ANGUS S. KING, JR.
GOVERNOR

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
Board of Hearing Aid Dealers and Fitters
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035
(207) 624-8563 (HEARING IMPAIRED)

ANNE L. HEAD
DIRECTOR

VERIFICATION OF TRAINEE PRACTICUM FORM

1. Trainee Data --To be Completed in Full by Trainee

Name of Trainee		License Number	
Mailing Address	City	State	Zip Code
Work Telephone	Home Telephone		
Place of Employment during Training Period			

2. To be Completed in Full by Supervising Licensed Dispenser

Supervising Licensed Dispenser Data			
Name of Dealer		License Number	
Mailing Address	City	State	Zip Code
Work Telephone	Home Telephone		
Employment Data			
Name of Business		License Number	
Mailing Address	City	State	Zip Code
Business Telephone Number			

3. Trainee Practicum Information - Guidelines

A trainee, along with completion of the oral and written examinations, must be supervised by a licensed Hearing Aid Dealer and Fitter for a minimum of 750 hours in the practice of fitting and dealing in hearing aids during a period of not fewer than 6 nor more than 12 months.

The following is a list of suggested guidelines in which the trainee should be proficient in after completing the supervision period:

- A. Hearing Aid Selection
- B. Hearing Aid Modifications
- C. Technology of Hearing Aids
- D. Demonstrates Real Ear Technology
- E. Follow-up Visits and Counseling
- F. Assessment and Hearing Aid Evaluations
- G. Speech Testing
- H. Taking Case Histories
- I. Otoscopic Examinations
- J. Earmold Impressions
- K. Trouble Shooting Hearing Aids and Earmolds
- L. Masking
- M. Identification of Outer & Inner Ear Anomalies
- N. Earmolds and Shell Modification
- O. Laws Governing the Licensing of Persons for Fitting and Dispensing Hearing Aids in the State of Maine
- P. FDA and FTC Regulations
- Q. Sales and Finalization of Contracts
- R. 30 Day Trial Knowledge

4. To be Completed in Full by Supervising Licensed Dispenser

The Trainee must keep a log, which is signed by the supervising licensed dispenser. You may be required to provide documentation of completion of the 750 supervised hours to satisfy these guidelines.

Dates the Applicant was under your Training: From _____ To _____
month/day/year month/day/year

I hereby certify that the information given above is correct to the best of my knowledge. I further certify that the direct supervision of the trainee was done in accordance with Chapter 1(2)(A) and (B) of Board Rules.

Signature of Supervising Dispenser: _____ Date: _____

Signature of Trainee: _____ Date: _____





STATE OF MAINE
 DEPARTMENT OF PROFESSIONAL
 AND FINANCIAL REGULATION
Board of Hearing Aid Dealers and Fitters
 35 STATE HOUSE STATION
 AUGUSTA, MAINE
 04333-0035
 (207) 624-8563 (HEARING IMPAIRED)

ANGUS S. KING, JR.
 GOVERNOR

ANNE L. HEAD
 DIRECTOR

VERIFICATION OF LICENSURE

INSTRUCTIONS: The applicant listed below is applying for licensure to practice as a Hearing Aid Dealer and Fitter in the State of Maine. The Maine Board of Hearing Aid Dealers and Fitters requests written verification from each state the applicant holds or has held any certification, licensure, or other credential. This is your authority to release any information in your files, favorable or otherwise. Please mail this verification directly to the Maine Board of Hearing Aid Dealers and Fitters.

1. **This section to be completed by the applicant and forwarded to the Board that issued current licensure. Any associated fees are the responsibility of the applicant.**

Name of Applicant				
Mailing Address		City	State	Zip Code
License Number		State	Date of Issue	
Date	Signature of Applicant			

2. **This section to be completed by the state licensing board where applicant holds or has held licensure.**

Type of License Held by Applicant _____

License # _____ Original License Date: _____

Is applicant currently licensed? Yes No If not currently licensed, when did license expire? _____

Is the applicant in good standing in your state? Yes No If no, please explain: _____

LICENSED BY: ENDORSEMENT/RECIPROCITY EXAMINATION

SIGNED: _____

PRINTED NAME & TITLE: _____

STATE: _____ PHONE # () _____

Board Seal

DATE: _____

NOTE: If verification of licensure is needed for more than one state, please copy form as needed.

OFFICE PHONE: (207)624-8609



PRINTED ON RECYCLED PAPER

(207)624-8653 (HEARING IMPAIRED)

FAX: (207)624-8637



ANGUS S. KING, JR.
GOVERNOR

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
Board of Hearing Aid Dealers and Fitters
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035
(207) 624-8563 (HEARING IMPAIRED)

ANNE L. HEAD
DIRECTOR

BOARD APPROVED INSTITUTIONS

Applicants for license renewal must obtain eight (8) clock hours of continuing education. These continuing education credits must be for courses which pertain to the fitting and dealing of hearing aids offered by an institution approved by the Board. Listed below are Board approved institutions:

American Speech-Language Hearing Association (ASHA)

Maine Board of Hearing Aid Dealers and Fitters

Maine Board of Examiner on Speech Pathology and Audiology

Maine Speech-Language Hearing Association (MSLHA)

College or University courses whose subject pertains to the fitting of hearing aids

National Institute for Hearing Instruments Studies (NIHIS)

American Medical Association (AMA)

American Academy of Audiology

Courses offered by manufacturers will come under the discretion of the Board. Courses offered by institutions not appearing on this list must have prior approval from the Board. Requests for course approval should be mailed to the Board at the above listed address.

All documentation of continuing education shall be submitted to the board by November 30 of each year to qualify for license renewal in January. The Board at its discretion may waive the continuing education requirements for any licensee who was issued a license up to four (4) months prior to license renewal. Such a request must be made in writing.

OFFICE PHONE: (207)624-8609



PRINTED ON RECYCLED PAPER

(207)624-8653 (HEARING IMPAIRED)

FAX: (207)624-8637



ANGUS S. KING, JR.
GOVERNOR

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
Board of Hearing Aid Dealers and Fitters
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035
(207) 624-8563 (HEARING IMPAIRED)

ANNE L. HEAD
DIRECTOR

Department of Public Safety
State Bureau of Identification
42 State House Station
Augusta, ME 04333-0042

Pursuant to 25 M.R.S.A. §1541, sub-§6, The State Bureau of Identifications may charge a fee for all criminal history record check for the following individual. Enclosed is the required \$8.00 fee.

APPLICANT INFORMATION

Name: _____		
Last	First	Middle
Address: _____		
Social Security/Federal I.D. #: _____		Date of Birth: _____
Any other names used: _____		

Please return the criminal history record information or a notice of no record to the following:

REQUESTING AGENCY INFORMATION

(Office Use Only)

Date: _____	Contact Person: TORREY GRAY
Agency Name & Address:	Office of Licensing and Registration Board of Hearing Aid Dealers and Fitters 35 State House Station Augusta, Maine 04333-0035



PRINTED ON RECYCLED PAPER

OFFICE PHONE: (207)624-8609

FAX: (207)624-8637

(207)624-8653 (HEARING IMPAIRED)
OFFICES LOCATED AT: 122 NORTHERN AVENUE, GARDINER,
MAINE



ANGUS S. KING, JR.
GOVERNOR

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
Board of Hearing Aid Dealers and Fitters
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035
(207) 624-8563 (HEARING IMPAIRED)

ANNE L. HEAD
DIRECTOR



AUTHORIZATION OF CREDIT CARD PAYMENT

Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and send it with your application. Payment through credit cards will not be processed without this authorization form.

Name: (applicant fees being paid for)		
Mailing Address: (applicant fees being paid for)		
City:	State:	Zip Code:
County:	Telephone #: (____) _____ - _____	
Name of cardholder: (if other than applicant)		
Mailing Address: (if other than applicant)		
City:	State:	Zip Code:

I authorize the State of Maine, Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my:

Visa MasterCard _____ **Card number**

Expiration date: ____/____/____ **in the amount of: \$** _____

Signature: _____ **Date:** ____/____/____

OFFICE PHONE: (207)624-8609



PRINTED ON RECYCLED PAPER

(207)624-8653 (HEARING IMPAIRED)

FAX: (207)624-8637



STATE OF MAINE
 DEPARTMENT OF PROFESSIONAL
 AND FINANCIAL REGULATION
 BOARD OF HEARING AID DEALERS AND FITTERS
 35 STATE HOUSE STATION
 AUGUSTA, MAINE
 04333-0035

ANGUS S. KING, JR.
GOVERNOR

ANNE L. HEAD
DIRECTOR

ACCOMMODATION REQUEST FORM

The information requested below and any documentation regarding your disability and your need for accommodation in testing will be considered strictly confidential and will not be shared with any outside source without your express written permission.

Name: _____	
Address: _____	
Telephone #: _____	Social Security Number: _____

Accommodations Requested for the _____ Examination.

Disability _____

Please check all that apply

- Accessible Testing Site
- Separate Testing Site
- Braille
- Large Print
- Tape
- Reader as Accommodation for Visual Impairment
- Scribe/Amanuensis as Accommodation for Visual or Motor Impairment
- Reader as Accommodation for Learning Disability
- Scribe/Amanuensis as Accommodation for Learning
- Sign Language Interpreter
- Extended Time
 - Time-and-a-half
 - Double time
 - More than double time (specify) _____
- Use of Computer or Other Adaptive Equipment (specify) _____
- Other: _____

Signed and Dated:

OFFICE PHONE: (207)624-8609



PRINTED ON RECYCLED PAPER

(207)624-8653 (HEARING IMPAIRED)

FAX: (207)624-8637