REQUIREMENTS FOR LICENSE - HEARING AID DEALERS AND FITTERS

Access this form via website at: **www.hawaii.gov/dcca/pvl**

EDUCATION REQUIRED

All applicants are required to **ATTACH** a photocopy of high school diploma or high school transcript or a statement from the Department of Education certifying that the equivalent of a high school education has been completed. In the alternative, submit a copy of diploma from an accredited college.

EXAMINATION AND FILING DEADLINE

All applicants must pass the written examination of the International Hearing Society. **The passing score is 300.**

The examination may be taken on the islands of Oahu, Maui, Kauai and Hawaii. However, neighbor island administration, particularly for Kona, is not guaranteed. If you wish to take the exam on a neighbor island, call the Exam Branch at (808) 586-2711 to confirm that the exam will be offered for the exam date requested.

A completed application, fee and all supporting documents must be received in the department's office at least sixty days before the date of the examination. Incomplete and/or irregular applications will not be accepted and will delay processing. Further, incomplete and/or irregular applications may cause the applicant to miss the filing deadline.

UNSUCCESSFUL EXAM APPLICANTS AND APPLICANTS WHO DO NOT APPEAR FOR A SCHEDULED EXAM ARE REQUIRED TO APPLY FOR RE-EXAM.

Postponement or withdrawal from exam: Written requests must be received by the department before exam preparations are made *(approximately 3 weeks before exam).*

ENDORSEMENT OF LICENSES IN ANOTHER STATE OR JURISDICTION

A license through endorsement may be granted to applicants who hold ***CURRENT*** licenses in another state or jurisdiction that are in good standing*, **provided that the program's requirements, at the time you were licensed in that state, are equivalent or higher than Hawaii's.** Submit a copy of the laws and rules that were in effect at the time you were licensed in the state you are relying upon for endorsement.

In addition to the application, fee, and proof of high school graduation or equivalent, **ATTACH** a completed form, "*Verification of License – Hearing Aid Dealers & Fitters"* (form HDF-05). Complete the *"Applicant Section"* and send the form to your out-of-state agency. Some states charge a fee for this service. Contact your out-of-state agency for fee information.

* If disciplinary action has been taken or is pending, provide documentation explaining the circumstances leading to the action, the action itself and the outcome.

APPLICATION FORM

Complete the **attached** application form. Print *LEGIBLY* in black ink and sign the application.

Failure to provide all the requested information will delay the processing of your application.

FEES

Exam Applicants - Remit 2 payments:

1. A Postal Money Order made payable to "IIHIS" $95.00

   If you do not submit a Postal Money Order for the appropriate amount, your payment will be returned to you and you will not be able to sit for the examination.

2. A check or money order made payable to *"Commerce and Consumer Affairs"* for:
   Application Fee (non-refundable) $30.00

Endorsement Applicants - Remit a money order or check made payable to *"Commerce & Consumer Affairs"*:

1. Application fee $30 (nonrefundable) **AND**

2. If license will be issued in:

   EVEN-numbered year - $190 *(license-$30, CRF-$110, 1/2 renewal-$50)*
   ODD-numbered year - $85 *(license-$30, CRF-$55)*

(CONTINUED ON BACK)

FEES
(Continued)

Note: *One of the numerous legal requirements that you must meet in order for your new license to be issued is the payment of fees as set forth in this application. You may be sent a license certificate before the check you sent us for your required fees clears your bank. If your check is returned to us unpaid, you will have failed to pay the required licensing fee and your license will not be valid, and you* ***may not*** *do business under that license. Also, a $15.00 service fee will be charged for checks which are returned by the bank.*

If for any reason you are denied the license you are applying for, you may be entitled to a hearing as provided by Title 16, Chapter 201, Hawaii Administrative Rules, and/or Chapter 91, Hawaii Revised Statutes. Your written request for a hearing must be directed to the agency that denied your application, and must be made within 60 days of notification that your application for a license has been denied.

ISSUANCE OF LICENSE

If you are a candidate for license by examination, upon passing the exam, license fees will be due and you will be notified at that time.

MAIL APPLICATION TO

Mail application, fee and supporting documents to:

Hearing Aid Dealers and Fitters
DCCA, PVL Licensing Branch
P. O. Box 3469
Honolulu, HI 96801

or

Deliver to office location at:

1010 Richards St., 1st Floor
Honolulu, HI 96813

Phone: (808) 586-3000

LAWS AND RULES PUBLICATION

A copy of the Hearing Aid Dealers and Fitters laws and rules may be purchased by submitting a written request and check for $1.25 payable to DCCA to: *CASHIER, Commerce & Consumer Affairs, P. O. Box 541, Honolulu, HI 96809*. Chapter 436B, Hawaii Revised Statutes, the Professional and Vocational Licensing Act may be purchased separately for 75¢. (Prices subject to change without notice.)
The laws and rules are also posted free of charge on our website at: **www.hawaii.gov/dcca/pvl**. Click on Hearing Aid Dealers and Fitters.

APPLICANTS WITH SPECIAL NEEDS

If you are requesting special testing arrangements due to a disability, call (808) 586-2711 immediately to obtain a Disability Certification Form which must be completed by an approved professional, and submitted preferably prior to your exam application, but no later than the exam filing deadline. Determination of qualification for special testing arrangements will then be made and if so, the type of special testing arrangements to be provided.
No action will be taken to provide special testing arrangements until your exam application has been approved.

MAINTAINING YOUR LICENSE

All licenses are subject to renewal on or before December 31 of each odd-numbered year regardless of license issuance date. Licenses are subject to renewal on or before the license expiration date. Inform the department of any changes within **thirty** days of the change.

ABANDONMENT OF APPLICATION

You must submit all required documents and information within two years from the last date documents or information were requested or it will be considered abandoned and the Department may destroy it.

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

APPLICATION FOR LICENSE - HEARING AID DEALERS AND FITTERS

Read instructions on the attached sheet before completing this form.

FOR DEPARTMENT USE ONLY		
APPROVED	*DENIED*	*Initials/Date:*
License No. HA -	Effective Date	

Name (First, Middle)	(LAST)
Residence Address (Include Apt. No., City, State and Zip Code)	
Mailing Address (ONLY If different from residence)	
Social Security No.	Phone No.
Other Names Used	

Method of Licensure:	Exam Location (circle one)	Month/year of Exam applying for:
[ ] Exam	Oahu Maui Kauai	JULY_____
[ ] Endorsement	Hilo Kona	DECEMBER_____

Circle or underline answers, explain when needed:

1) Are you at least 18 years of age? ..... YES NO

2) Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? ..... YES NO

3) Do you have a high school diploma or the equivalent of a high school education? ..... YES NO

If "*yes,*" is verification attached? ..... YES NO

4) In the past 20 years have you ever been convicted of a crime in which the conviction has not been annulled or expunged? ..... YES NO
If response "*yes,*" provide information on the date, place, and type of conviction on separate sheet and submit pertinent documents.

5) Have you ever applied for the Hearing Aid exam in Hawaii before? ..... YES NO

If "*yes,*" give MONTH & YEAR _____

LICENSES IN ANOTHER STATE OR JURISDICTION

Name of State(s)	License Number	Date Issued	Indicate method of licensure *(written and practical exam, no exam, endorsement, written only)*	Current?	a) Has any license ever been suspended revoked or otherwise subject to disciplinary action? b) Are there any disciplinary actions pending against you?
				YES NO	a) YES NO b) YES NO *If response "yes." Explain on a separate sheet.*
				YES NO	a) YES NO b) YES NO *If response "yes." Explain on a separate sheet.*

INTENDED BUSINESS ADDRESS

Upon issuance of license, how do you intend doing business and for whom?

[ ] SELF-EMPLOYED:
dba (trade name)_____
at (business location): _____
Phone: _____

[ ] EMPLOYEE OF:
Name and Address of Employer: c/o _____
_____
_____
Phone: _____

AFFIDAVIT OF APPLICANT:

I hereby certify that the answers and statements contained in this application and the documents attached are true and correct. I understand that misrepresentation is grounds for refusal or subsequent revocation of license *(Section 710-1017, Hawaii Revised Statutes).* I also attest that I have read and will abide by the provisions of Chapter 451A, Hawaii Revised Statutes, and Chapter 83, Hawaii Administrative Rules.

_____ Date

_____ Signature of Applicant

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Appl	275	$30
Lic	277	$30
CRF	279	$55/110
½ Ren	270	$50
Service Fee	BCF	$15

VERIFICATION OF LICENSE – HEARING AID DEALERS & FITTERS

Access this form via website at: **www.hawaii.gov/dcca/pvl**

State of Hawaii
Hearing Aid Dealers & Fitters
P. O. Box 3469
Honolulu, HI 96801

TO BE COMPLETED BY APPLICANT:

APPLICANT

Name (First-Middle) (LAST)	Social Security No.
Address (Include apt. no., city, state and zip code)	License Number
	Date Issued

I hereby authorize the licensing agency of_____ to furnish the information below to the State of Hawaii Hearing Aid Dealer & Fitter Program.

Date _____ SIGN HERE _____

TO BE COMPLETED BY LICENSING AGENCY:

LICENSING AGENCY

This is to certify that the above-named individual was issued license number_____ to practice as a Hearing Aid Dealer.

Date issued: _____

Date license/certificate expires: _____

License status: [ ] current
[ ] lapsed since: _____
[ ] inactive since:_____

Individual was licensed by: [ ] Examination
____ State Constructed
____ National
[ ] Endorsement
[ ] Waiver

Has this certificate ever been encumbered in any way (revoked, suspended, surrendered, limited, placed on probation, currently pending disciplinary action, being investigated)? ..... [ ] YES [ ] NO
(Please explain yes response and attach copy of board's order and related information.)

Do your files contain any derogatory information on this applicant? ..... [ ] YES [ ] NO
(Please explain yes response and attach copy of board's order and related information.)

Signature: _____
Title: _____
State: _____
Date: _____

BOARD SEAL

TO THE APPLICANT: ***Attach*** *original with board's seal to your application form, or the licensing agency may send directly to the Department.*

THIS FORM MAY BE DUPLICATED.