

State of Alabama Hearing Instrument Dealers Board

400 S Union Street Suite 235B

Montgomery AL 36104

(334) 593-3777

Application for Examination Form

(Print Legibly / Use Black Ink Only)

Date: ____/____/____

I hereby request registration for the next available Hearing Instrument Dealers Board Licensing Examination. I understand that the date for the practical and state laws exams are set by the board and it is my responsibility to contact the board's office to determine the date and submit this application form at least thirty days prior to the exam date.

Testing Date Requested: _____

Name: Last _____ First _____ MI _____

SS# ____ - ____ - ____ DOB ____/____/____ Gender ____ Business Phone _____ Home Phone _____

Business: _____

Business Address: Street/Box _____ City _____ State _____ Zip _____

Home Address: Street/Box _____ City _____ State _____ Zip _____

Email Address: _____

_____ \$200 Examination Fee - must also submit:

Proof of High School Graduation or GED

Work History & Education Form

Verification of Licensure Form - if currently/previously licensed in another state

Please Indicate the Following:

_____ I currently hold an HIDB Apprentice Permit.

_____ I am applying by reciprocity and have passed the IHS Computer-Based Written Exam within the past twelve months. I will be dispensing under the sponsorship of a HIDB Hearing Aid Dispenser. Documentation of IHS Scores Required.

_____ I am applying by reciprocity and am currently NBC-HIS board certified. Documentation of Board Certification Required.

_____ I am returning to retake the practical and/or state laws portion of the exam.

Check or Money Order must accompany this form and be made payable to Alabama Hearing Instrument Dealers Board. All applicable forms must be filled out completely, accurately, and legibly or they will be returned which may delay the application process. Signatures where required must be original, computer generated signatures are not permitted. **Do not** staple checks to forms.

Are you a U.S. citizen or legally present in the United States? Yes No

If you answered Yes: Provide a legible copy of documentation from attached List A or other document that demonstrates U. S. citizenship or nationality

Document Provided _____

If you answered No: Provide a legible copy of documentation from attached List B or other document that demonstrates lawful presence in the United States

Document Provided _____

Do you have a contagious or infectious disease? Yes No

If you answered Yes, provide explanation and documentation

Have you been convicted of a felony? Yes No

If you answered Yes, provide explanation and documentation

Have you ever had a license revoked or suspended? Yes No

If you answered Yes, provide explanation and documentation

Have you ever been licensed to dispense or sell hearing aids in any other state? Yes No

(If Yes, verification form must be completed by state(s) you held/hold a license)

List state(s) including Alabama that you have held or currently hold a license _____

Note: All applicants must register and pass the Hearing Instrument Dealers Board practical and state law exams before the board can notify the International Hearing Society (IHS) of the applicant's eligibility to sit for the computer-based written portion of the examination. The applicant is then responsible for registering with IHS and paying the required examination fees to them. This exam may be taken at any approved IHS examination location.

Applicants Signature: _____ Supervising Dispenser Signature: _____

State of Alabama County of _____

Sworn to and subscribed before me on the ____ day of _____, _____, by

(SEAL) Notary Public _____

Commission Expires _____

Remit To: Hearing Instrument Dealers Board, 400 S. Union Street, Suite 235B, Montgomery, AL 36104
Attention: Marilyn Fletcher

Do Not Write In This Space Examination Fee \$ _____ Check # _____
For Office Use Only Date Received _____