



Hearing Aid Dispenser Application — Individual Registrant Temporary Certification of Registration and Examination

Read the instructions carefully before completing the application. Incomplete applications will be returned, delaying licensure. Any omission, inaccuracy or failure to make full disclosure in an application or supporting documentation may be deemed sufficient reason to deny a license, or, if a license is issued could result in the suspension or revocation of a license.

What is in this package?

This application package includes all the information and forms you will need to apply for registration as a hearing aid dispenser, the examination, and temporary registration. A completed application will include the three-page application form; the appropriate fee (outlined on page 2 and on the application form), and any requested documentation.

Who needs to apply for a hearing aid dispenser registration?

Any individual engaged in the dispensing of hearing aids must register with the Secretary of State. The General Business Law [Art.37-A, §789(8)] defines a hearing aid dispenser as “any person 21 years of age or older or an audiologist licensed under ... the Education Law [Art. 159] who is engaged in the dispensing of hearing aids ...”

What qualifications and supporting documents do I need to apply for registration?

You can apply based on any of the following categories:

1. Audiologists:

Audiologists licensed under Article 159 of the Education Law who engage in the dispensing of hearing aids must register with the Secretary of State.

A) Audiologists with experience:

If you have proof of experience in the dispensing of hearing aids in New York State immediately preceding January 1, 2000 you must submit:

- a completed application with Item 1A checked off;
- a nonrefundable \$150 application fee;
- proof of experience in the dispensing of hearing aids in New York state immediately preceding 1/1/2000; and
- a copy of your current license as an audiologist.

Acceptable proof of experience:

In order to qualify for a hearing aid dispenser registration without exam, you must provide proof of at least 6 months experience in the dispensing of hearing aids. The term, “dispensing of hearing aids” includes the selecting, selling, renting, adopting, or servicing of hearing aids.

Proof of experience of dispensing hearing aids may be demonstrated as follows:

- By your affidavit detailing the scope, nature and duration of your hearing aid dispensing experience.
- A copy of your audiologist license from the NYS Department of Education.
- A copy of your hearing aid dealer license (if any).
- Corroborating affidavits (references) from employers, associates, colleagues, or clients indicating the nature and scope of your hearing aid dispensing activities.
- Other corroborating proof of experience which may include relevant portions of your tax return, 1099's, W2's, contractual documents showing the hearing aid transactions, or receipts.

B) Audiologist without experience:

If you do not have experience dispensing hearing aids, you will be waived from the written examination, course of instruction and 12-month training program, but you will be required to take the practical test of proficiency. To apply for registration, you must submit:

- A completed application with Item 1B checked off;
- A nonrefundable \$200 fee (to cover the \$150 application fee and the \$50 fee for the practical test of proficiency only); and
- A copy of your current license as an audiologist.

NOTE:

- Temporary Certificate of Registration is not available.
- You must pass the practical test of proficiency. Once you pass the practical test, a permanent registration will be mailed to you.

Attention Audiology clinical fellowship candidates:

If you wish to dispense hearing aids in a clinical setting as a CFY, you must apply for a temporary license while you are in your traineeship.

Hearing Aid Dispenser Application – Individual Registrant

Listed below are the steps involved in this process:

- Student must be in a nationally accredited university program that leads toward NYS licensure in audiology
- Student must complete a hearing aid dispenser application which can be downloaded from DOS website at the following link: <https://www.dos.ny.gov/forms/licensing/2018/1433-a.pdf>. On the application, select number 2 – “first-time applicant applying for a temporary certificate of registration” and complete the entire application. Please indicate that you are an audiology student within this portion of the application.

- **Completion of the Employer's Affidavit portion of the application:**

Must be completed by the university's supervising instructor or designee who is a registered hearing aid dispenser and is involved in hearing aid dispensing. The registered hearing aid dispensing supervisor at the university shall assign students to locations where the students will receive clinical off-campus training and shall maintain records documenting the student training.

Once you are in possession of your audiologist license, you may apply for a hearing aid dispenser registration. Select category 1B on the hearing aid dispenser application. You will then be scheduled for a practical examination. Upon passage of the exam, you will be issued a hearing aid dispenser registration.

For more information, please visit our website at: <https://www.dos.ny.gov/licensing/hearingaid/hearingaid.html> or you may contact the Bureau of Educational Standards at dosedmailing@dos.ny.gov.

2. First time applicant (first temp):

If you are a first time applicant, you may apply for your first Temporary Certificate of Registration by submitting:

- a completed application with Item 2 checked off and the Employer's Affidavit section completed and signed by the supervising registered hearing aid dispenser; and
- a nonrefundable \$30 fee for a Temporary Certificate of Registration.
- In addition to the above, in accordance with §790(1)(a)(ix) of Article 37-A of the General Business Law, applicants applying on or after January 1, 2003, must include proof of completion of either a 2-year degree or 60 credit hours. Acceptable proof is a copy of a diploma or an original school transcript.

Upon issuance of your Temporary Certificate of Registration, you will be referred to as a trainee.

NOTE:

- You must complete a 12-month training program under the direct supervision of a registered dispenser, complete a state-mandated course of instruction and pass written and practical examinations.

3. First time applicant (additional temp):

The term of registration is two years except a Temporary registration for a traineeship is valid for one year.

If you are a trainee applying for an additional Temporary Certificate of Registration, you must submit:

- a completed application with Item 3 checked off and the Employer's Affidavit section completed and signed by the supervising registered hearing aid dispenser;
- a refundable \$30 fee for a Temporary Certificate of Registration.

4. Trainee – applying for exam:

If you are a trainee who has completed six months of supervised training and the course of instruction who wishes to take the exams, you must submit:

- a completed application with Item 4 checked off;
- a nonrefundable \$50 exam fee (the \$50 fee that accompanies this first application will be applied to both the practical and written exams; after that, the fee is \$50 per exam);
- the course and six-month training Certificates which entitle individuals to take the practical test of proficiency and the written exams.

5. Trainee – applying for a full registration:

If you are a trainee who has completed your training, course of instruction and passed both exams, you may apply for a hearing aid dispenser registration by submitting:

- a completed application with Item 5 checked off;
- a nonrefundable \$150 application fee; and
- the completed Certificate of 12 months of Training in Hearing Aid Dispensing issued by the registered hearing aid dispenser.

How many times can a first time applicant with no previous experience (trainee) with a temporary registration take the exam?

An individual is allowed three attempts to pass the written and practical exams. Failure to pass the exams within three attempts will require the trainee to restart the application process – including submitting a new application form to the Department of State, retaking the course of instruction and completing the traineeship program under the direct supervision of a registered hearing aid dispenser.

What are the fees, terms of the registration?

- \$50 first-time fee for both the Written Examination and the Practical Test of Proficiency;
- \$150 Individual Certificate of Registration as a hearing aid dispenser; and
- \$30 Temporary Certificate of Registration.

Hearing Aid Dispenser Application – Individual Registrant

Certificate of registration may be reissued only (again, for a period of one year), upon written verification of continued supervision by a registered hearing aid dispenser.

What forms of payment do you accept?

You may pay by check or money order made payable to the Department of State or by MasterCard or Visa, using a credit card authorization form. Do not send cash. Application and examination fees are nonrefundable. A \$20 fee will be charged for any check returned by your bank.

I know that trainees need a course of instruction. Does this course need to be taught by an approved instructor?

Yes, the course of instruction which is actually two components (a theory portion and a practical portion) must be taught by an individual who has been deemed an approved instructor by the Department of State, Bureau of Educational Standards. If an individual is going to teach either portion of these components s/he must submit a completed instructor application (available from the Bureau of Educational Standards), a resume, and a \$25 fee to that unit for processing. Hearing aid dispensers who want to provide the course of instruction to their trainee(s) need to obtain approval before they can instruct. To be approved, the dispenser needs 3 years of experience in the dispensing of hearing aids or a field directly related to hearing aid dispensing.

Where can I obtain a copy of the hearing aid dispenser course of instruction?

You may contact the Department of State, Bureau of Educational Standards, to obtain the most current copy of the curriculum.

Are there any continuing education requirements?

Yes. As a condition of renewing your hearing aid dispenser registration effective January 1, 2019, you will be required to have completed the following prior to renewal:

- **Dispensers:** 20 hours of Department of State approved continuing education. At least one of these hours must include the topic of telecoil (t-coil) and other assistive listening devices, at least one hour of infection control and at least one hour of New York State and Federal law, regulations and professional conduct in addition to the remainder of the required continuing education hours.
- **Audiologists:** Four hours of Hearing Aid Dispenser continuing education. At least one of these hours must include the topic of telecoil (t-coil) and other assistive listening devices, at least one hour of infection control and at least one hour of New York

State and Federal law, regulations and professional conduct in addition to the remaining one hour of continuing education. Such hours may be earned in satisfaction of continued licensure under article 159 of the Education Law, as long as the registrant demonstrates completion of the required topics.

Can I obtain a Hearing Aid Registration based on my licensure in another state?

Perhaps. We will review application request from individuals submitting proof of current licensure from another state where requirements are equivalent or higher.

Do I need to complete the Child Support Statement section of the application?

A Child Support Statement is mandatory in New York state (General Obligations Law) regardless of whether or not you have children or any support obligation.

Any person who is four months or more in arrears in child support may be subject to having his or her business, professional and driver's licenses suspended. The intentional submission of a false written statement for the purpose of frustrating or defeating the lawful enforcement of support obligations is punishable under §175.35 of the Penal Law. It is a class E felony to offer a false instrument for filing with a state or local government with the intent to defraud.

PRIVACY NOTIFICATION

Do I need to provide my Social Security and Federal ID numbers on the application?

Yes, if you have a social security number or Federal ID number, you are required to provide this number. If you do not have a social security number or a Federal ID number, please provide a written explanation.

The Department of State is required to collect the federal Social Security and Employer Identification numbers of all licensees. The authority to request and maintain such personal information is found in §5 of the Tax Law and §3-503 of the General Obligations Law. Disclosure by you is mandatory. The information is collected to enable the Department of Taxation and Finance to identify individuals, businesses and others who have been delinquent in filing tax returns or may have underestimated their tax liabilities and to generally identify persons affected by the taxes administered by the Commissioner of Taxation and Finance. It will be used for tax administration purposes and any other purpose authorized by the Tax Law and may also be used by child support enforcement agencies or their authorized representatives of this or other states established pursuant to Title IV-D of the Social Security Act, to establish, modify or enforce an order of support, but will not be available to the public. A written explanation is required where no number is provided. This information will be maintained in the Licensing Information System by the Director of Administrative and Management, at Once Commerce Plaza, 99 Washington Avenue, Albany, NY 12231-0001.

WOULD YOU LIKE TO REGISTER TO VOTE?

Please visit the NY State Board of Elections at www.elections.ny.gov/votingregister.html or call **1-800-FOR-VOTE** to request a NYS Voter Registration form. To register online, please visit www.ny.gov/services/register-vote.

OFFICE
USE ONLY

UNIQUE ID NUMBER

CLASS

FEE



Department of State Licensing Services

New York State
Department of State
Division of Licensing Services
P.O. Box 22001
Albany, NY 12201-2001
Customer Service: (518) 474-4429
<https://dos.ny.gov>

Hearing Aid Dispenser Application – Individual Registrant Temporary Certification of Registration and Examination

DO NOT WRITE IN THIS AREA

1) I am a licensed Audiologist:

- ☐ A) **with experience** in the dispensing of hearing aids in New York State immediately preceding January 1, 2000. **Fee due: \$150**
- ☐ B) **with no experience. Fee due: \$200** (includes \$150 application fee and \$50 examination fee)

150

200

2) ☐ I am a first-time applicant applying for a first Temporary Certificate of Registration.

Are you currently an audiology student? Yes _____ No _____
Fee due is \$30

30

3) ☐ I am a trainee/first-time applicant applying for an additional Temporary Certificate of Registration.

Are you currently an audiology student? Yes _____ No _____
Fee due is \$30

30

4) ☐ I am a trainee who has completed 6 months of supervised training and the course of instruction and I am now applying for an exam.

Fee due: \$50 (exam fee)

50

5) ☐ I am a trainee who has completed my training and the course of instruction and passed both the written and practical exams. I am now applying for a hearing aid dispenser registration. **Fee due: \$150** (Individual Registration)

150

PLEASE PRINT

LAST NAME, INCLUDING SUFFIXES (JR, SR, II, III, ETC.)

FIRST NAME

M.I.

HOME ADDRESS — NUMBER AND STREET (P.O. BOX MAY BE ADDED TO ENSURE DELIVERY)

CITY

STATE

ZIP + 4

COUNTY

SOCIAL SECURITY NUMBER (SEE PRIVACY NOTIFICATION)

FEDERAL I.D. NUMBER (SEE PRIVACY NOTIFICATION)

DAYTIME PHONE (OPTIONAL; if problem with application)

E-MAIL ADDRESS (IF ANY)

Hearing Aid Dispenser Application – Individual

	YES	or	NO
1. Have you ever been issued a regular or temporary NYS hearing aid dispenser license?			
→If YES, ✓ appropriate box below and specify dates and unique ID number:			
<input type="checkbox"/> Temporary License From _____ To _____ UID _____			
<input type="checkbox"/> Regular License From _____ To _____ UID _____			
2. Have you ever been convicted in this state or elsewhere of any criminal offense that is a misdemeanor or a felony?			
→If YES, submit a written explanation giving the place, court jurisdiction, nature of the offense, sentence and/or other disposition. You must provide a copy of the accusatory instrument (e.g., indictment, criminal information or complaint) and a Certificate of Disposition. If you possess or have received a Certificate of Relief from Disabilities, Certificate of Good Conduct or Executive Pardon, you must submit a copy with this application.			
3. Are there any criminal charges (misdemeanors or felonies) pending against you in any court in this state or elsewhere?			
→If YES, you must provide a copy of the accusatory instrument (e.g., indictment, criminal information or complaint).			
4. Has any license or permit issued to you or a company in which you are or were a principal in New York State or elsewhere ever been revoked, suspended or denied?			
→If YES, you must provide all relevant documents, including the agency determination, if any.			
5. Do you have a high school diploma or its equivalent?			
6. Do you have a two-year degree or 60 credit hours and have enclosed proof (copy of a diploma or an original school transcript)? (Not applicable to licensed audiologists.)			
7. What is your date of birth? _____			
8. If you hold a valid hearing aid dispenser's license or registration in another state, indicate which state: _____			

EMPLOYER'S AFFIDAVIT — All applicants (except licensed audiologists) *must have their sponsoring dispenser sign this affidavit.*

I, _____, a registered hearing aid dispenser, hereby state that I am sponsoring the above-named individual.

Sponsoring
Dispenser's Signature _____ Date _____

PRINT Sponsor's Name: _____

Business Name: _____

Business Address: _____

Sponsor's UID: _____

ALL APPLICANTS—Business Location (Employees: place of employment)

BUSINESS NAME

BUSINESS ADDRESS — NUMBER AND STREET

CITY

STATE

ZIP + 4

COUNTY

BUSINESS UID# (if known)

Hearing Aid Dispenser Application – Individual

Employees of Not for Profit Corporations: Fee Exemption

Employees of Not for Profit Corporations are exempt from the registration (application) fees as long as the employee of the Not for Profit Corporation is not otherwise engaged in dispensing hearing aids for profit. Employees of Not for Profit Corporations are **NOT** exempt from the qualifications necessary to dispense hearing aids. They must file an application and comply with all qualifications necessary to receive a hearing aid dispenser registration. Employees of a Not for Profit Corporation are **NOT** exempt from the exam fees.

Are you an employee of a Not for Profit corporation who is not otherwise engaged in dispensing hearing aids for profit?

☐ YES ☐ NO

If yes, you are waived from the \$30 temporary and \$150 registration fees. You are **NOT** exempt from the exam fees.

Child Support Statement

By signing this application, I certify that as of the date of this application, I am not under an obligation to pay child support **OR** if I am under an obligation to pay child support, I am not four or more months in arrears in the payment of child support, or I am making payments by income execution or by court agreed payment or repayment plan or by plan agreed to by the parties or my child support obligation is the subject of a pending court proceeding, or I am receiving public assistance or supplemental security income.

Applicant Affirmation — I affirm, under the penalties of perjury, that the statements made in this application are true and correct. I further affirm that I have read and understand the provisions of Article 37-A of the General Business Law and the rules and regulations promulgated thereunder.

Applicant's Signature

X _____ Date _____

Hearing Aid Dispenser Application – Individual

Please remember to include all documentation with this form and the appropriate fees (payable to NYS Department of State). Before you mail your packet to the Department of State, Division of Licensing Services, P.O. Box 22001, Albany, NY 12201-2001, please take a moment to verify what you are mailing using the checklist below:

1) If you are a licensed Audiologist:

- A) **with experience** in the dispensing of hearing aids in New York State immediately preceding January 1, 2000, include a **\$150** application fee and proof of current licensure as an audiologist and proof of experience immediately preceding January 1, 2000.

OR, if you are a licensed Audiologist:

- B) **with no experience**, include a **\$200** application fee (to cover the \$150 application and \$50 exam fee) **and** a copy of your current audiologist license.

- 2) If you are a first-time applicant**, include a **\$30** Application fee (for a Temporary Certificate of Registration), proof of completion of either a two-year degree or 60 credit hours (copy of a diploma or an original school transcript), **and** be sure the **Employer's Affidavit** (*see page 2*) is completed and signed.

- 3) If you are a trainee applying for an additional Temporary Certificate of Registration**, include a **\$30** fee (for a Temporary Certificate of Registration) **and** be sure the **Employer's Affidavit** (*see page 2*) is completed and signed.

- 4) If you are a trainee who has completed 6 MONTHS OF SUPERVISED TRAINING and a course of instruction**, include a **\$50** exam fee **and** a Certificate of Satisfactory Course Completion (issued either by the Department of State-approved education provider or registered hearing aid dispenser) **and** the completed Certificate of 6 Months of Training in Hearing Aid Dispensing issued by the registered hearing aid dispenser.

- 5) For those who are now applying for a hearing aid dispenser application because you completed your training and course of instruction and passed both the written and practical exams**, be sure to complete the application and include a **\$150** application fee and the completed Certificate of 12 Months of Training in Hearing Aid Dispensing issued by the registered hearing aid dispenser.

It is important that you notify this division of any changes to your residential or business address so you can receive renewal notices and any other notifications pertinent to your license.

Become an Organ and Tissue Donor

Organ donors save lives. If you would like to be an organ and tissue donor upon your death, you may enroll in the NYS Donate Life Registry online at www.donatelife.ny.gov/register or complete the form below. Completed forms should be sent to the NYS Donate Life Registry by email – Registry@donatelife.ny.gov or, mail - NYS Donate Life Registry, 185 Jordon Road, Troy, NY 12180.

Fields with an asterisk (*) are required for enrollment. Upon receipt of your completed enrollment form, you will be sent an email or letter confirming your enrollment and providing you with information on how to limit your donation. I understand that by opting out of enrolling in the NYS Donate Life Registry, or skipping this question, will not impact or impair my ability to obtain services from the New York Department of State, Division of Licensing Services.



*Last name _____

*First name _____

Middle Initial _____ Suffix _____

*Address _____

*Apt. Number _____ *Zip Code _____

*City _____

*Birth date ____/____/____ *Gender ☐ M ☐ F
MM DD YYYY

Email address _____

DMV or IDNYC Number _____

By signing below, you certify that you are:

- 16 years of age or older;
- Consenting to donate your organs and tissues for transplantation and/or research in the event of your death;
- Authorizing the New York Department of State, Division of Licensing Services to transfer your name and identifying information to the NYS Donate Life Registry for enrollment;
- and
- Authorizing the Registry to give access to this information to federally regulated organ procurement organizations and NYS-licensed tissue and eye banks and others approved by the NYS Commissioner of Health in the event of your death.

--	--

*Sign

*Date