

STATE OF MAINE

BOARD OF SPEECH-LANGUAGE PATHOLOGY, AUDIOLOGY, AND HEARING AID DEALING AND FITTING

APPLICATION FOR LICENSURE

- Hearing Aid Dealer & Fitter
- Hearing Aid Dealer & Fitter By Reciprocity



Department of Professional and Financial Regulation
Office of Licensing and Registration
35 State House Station
Augusta, ME 04333-0035

Office Telephone: (207) 624-8626
Office Facsimile: (207) 624-8637
TTY/HEARING IMPAIRED (888) 577-6690
Internet: www.maine.gov/professionallicensing

Office located at: 76 Northern Avenue, Gardiner, Maine

APPLICANT INFORMATION GUIDE

The application material you have requested from the Board of Speech-Language Pathology, Audiology and Hearing Aid Dealing and Fitting is enclosed. It contains all the relevant materials you need to complete your application for licensure as a Hearing Aid Dealer and Fitter in the State of Maine. Read all the information carefully. If you have any questions after reading this packet, please call or e-mail our office.

FURNISHED TO APPLICANT:

- Application Guide
- Individual License Application
- Verification of Licensure Form
- Sample Hearing Aid Purchase Agreement
- NPDB/HIPDB Self-query Report Information Sheet

ADDITIONAL RESOURCES:

- Licensing Law for Hearing Aid Dealers and Fitters,

Please read carefully and review periodically for changes. You are responsible for knowing and complying with all Maine Laws throughout your licensure.

Available: <http://www.mainelegislature.org/legis/statutes/32/title32ch137sec0.html> or call (207)

624-8626

- Licensing Rules Specific to Hearing Aid Dealers and Fitters

Please read carefully and review periodically for changes. You are responsible for knowing and complying with all Board Rules throughout your licensure.

Available: <http://www.maine.gov/sos/cec/rules/02/chaps02.htm#164> or call (207) 624-8626

- Licensing Rules for the Department of Professional and Financial Regulation

Available: <http://www.maine.gov/sos/cec/rules/02/chaps02.htm#041>

- Statutory Authority, Titles 5 & 10

Available: <http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html>

<http://www.mainelegislature.org/legis/statutes/5/title5ch341sec0.html>

DESCRIPTION OF A LICENSED HEARING AID DEALER AND FITTER:

A licensed Hearing Aid Dealer and Fitter is an individual who meets the board's experience and examination requirements and is granted a license to practice hearing aid dealing and fitting.

The practice of hearing aid dealing and fitting is "the selection, adaptation or sale of hearing aids, or parts of hearing aids; the testing of hearing by means of an audiometer or equivalent measurement of hearing; the making of impressions for ear molds; and hearing aid orientation that includes instruction in use and care of the instrument, information regarding expectations and limitations, information regarding the availability of additional services to meet associated needs, auditory rehabilitation, communication therapy and additional special counseling services and information regarding follow-up services, malfunctioning of hearing aids, mechanical adjustment or repair or remakes of hearing aids or ear molds."

APPLICATION PROCEDURE:

- Please submit your application materials to the Board by mail or hand delivery to our offices. Fax submissions will not be accepted. If the application you submit to us is complete, it will be reviewed and processed in the order it was received.
- If there are deficiencies with your application, you will be notified by mail.
- Please do not call our office regarding the status of your application. Information regarding the status of applications may be found at the Office of Licensing & Registration's website: http://www.maine.gov/pfr/professionallicensing/license_search.htm. We appreciate your thoughtful attention to this request.

Licensure as a Hearing Aid Dealer and Fitter

There are two (2) pathways to licensure as a Hearing Aid Dealer and Fitter

Pathway 1 (Standard) applications shall include the following:

- A completed and signed Application;
- A completed and signed Verification of Trainee Practicum Form (A trainee permit is required pursuant to §1658-J, whereby the trainee must receive a minimum of 750 hours of training in the practice of fitting and dealing in hearing aids under direct supervision.)
- Training Log;
- Proof of Passage of the NIHIS Uniform Practical Examination and proof of passage of the International Institute for Hearing Instruments Studies International Licensing Examination (ILE);
- NPDB/HIPDB Self-query Reports if not previously submitted to this office;
- Payment of an Application fee of \$50.00;
- Payment of a Licensure fee of \$325.00; and
- Payment of a Criminal History Check fee of \$21.00.

Note: All fees can be in one payment.

Pathway 2 (Reciprocity) applications shall include the following:

- A completed and signed Application with a recent photograph attached;
- Proof of age. The Board will accept a copy of the applicant's birth certificate, driver's license or other state identification card providing the applicant's date of birth and bearing a photograph;
- 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;
- A copy of the applicant's out-of-state license;
- A copy of the relevant licensing law and Board rules of the licensing or certifying state of jurisdiction from which you are applying;
- A completed Verification of Licensure Form;
- Verification of eight (8) clock hours of continuing education credits for courses which pertain to the fitting and dealing of hearing aids offered by an institution approved by the Board for the licensure period immediately preceding the application;
- NPDB/HIPDB Self-query Reports;
- Payment of an Application fee of \$50.00;
- Payment of a Licensure fee of \$325.00; and
- Payment of a Criminal History Check fee of \$21.00.

Note: All fees can be in one payment.

Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333-0035.
- **Where are you located?** 76 Northern Avenue, Gardiner, Maine.
- **What hours are you open?** 8:00 a.m. to 5:00 p.m. weekdays.
- **Can I come to Gardiner to drop off my application?** Yes. You will not leave with a license, though.
- **Can I come to Gardiner to pick up my license?** No. Your license will be mailed to you.
- **How can I check the status of my application?** You can check our website: www.maine.gov/professionallicensing/license_search.htm.
- **How far back do I go answering the criminal conviction question?** Any conviction, ever.
- **Can I fax my application?** No.

NOTICES

BACKGROUND CHECK: Pursuant to 5 M.R.S.A. §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Licensing and Registration requires a criminal history records check as part of the application process for all applicants.

PUBLIC RECORD: This application is a public record for purposes of the Maine Freedom of Access Law (1 MRSA §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

SOCIAL SECURITY NUMBER: 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 35 MRSA §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(C)(2)(C)(1)). 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 MRSA §191.

Before you seal the envelope, did you:

- Complete every item on the application including the criminal background disclosure question.
- Sign and date your application.
- Include the required fee(s). Make checks payable to "Maine State Treasurer" or complete the credit card section on the application. **DO NOT SEND CASH.**
- Make a copy of your application to keep for your records.



**STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF LICENSING AND REGISTRATION
INDIVIDUAL LICENSE APPLICATION**

APPLICANT INFORMATION (please print)			
FULL LEGAL NAME	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
ANY OTHER NAMES EVER USED			
DATE OF BIRTH	<i>mm / dd / yyyy</i>	SOCIAL SECURITY NUMBER	
MAILING ADDRESS			
CITY	STATE	ZIP CODE	COUNTY
PHONE ()	FAX ()	E-MAIL	

CRIMINAL BACKGROUND DISCLOSURE	
<i>NOTE: Failure to disclose criminal convictions may result in denial, fines, suspension and/or revocation of a license.</i>	
1. Have you ever been convicted by any court of any crime? (circle one) NO YES	
If yes, enclose a detailed description of what happened (including dates) and a copy of the court judgment.	
2. Has any jurisdiction taken disciplinary action against any professional license you hold or have held, or denied your application for licensure? (circle one) NO YES	
If yes, enclose a detailed explanation and copies of all documents.	
By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Licensing and Registration will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.	
SIGNATURE	DATE

Board of Speech-Language Pathology, Audiology, and Hearing Aid Dealing and Fitting	
Please Select License Type: <input type="checkbox"/> Hearing Aid Dealer & Fitter (DL1421) <input type="checkbox"/> Licensure by Reciprocity (DL1421)	Required Fee: \$396 (includes Criminal History Records Check Fee)
	<div style="border: 1px solid black; padding: 5px; width: fit-content;"> Office Use Only: 1421 - \$325.00 1446 - \$50.00 2619 - \$21.00 </div> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-top: 10px;"> <i>Office Use Only:</i> Check # _____ Amount: _____ Cash # _____ Lic. # _____ </div>
Rev. 7/2008	

PAYMENT OPTIONS:			
Make checks payable to "Maine State Treasurer" - If you wish to pay by Mastercard or Visa, fill out the following:			
NAME OF CARDHOLDER (please print)	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
I authorize the Dept. of Professional and Financial Regulation, Office of Licensing and Registration to charge my			
<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	the following amount: \$ _____	
Card number:	<i>XXXX-XXXX-XXXX-XXXX</i>	Expiration Date	<i>mm / yyyy</i>
SIGNATURE	DATE		

Education

Name of School	Date of Graduation	Major	Degree Awarded

Credentialing History

Have you ever held a professional license/certification/registration in this or any other state/country? [] YES [] NO

If yes:

Profession	License #	State/Country	Date Issued	Expiration Date

Disciplinary History

1. Do you have pending against you any complaints from a regulatory board or professional organization? If yes, please enclose a detailed explanation. [] YES [] NO
2. Have you ever been or are you currently a defendant in a civil proceeding related to your professional activities? If yes, please enclose a detailed explanation. [] YES [] NO

Affirmation

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Licensing and Registration will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.

SIGNATURE: _____ DATE: _____



STATE OF MAINE
 DEPARTMENT OF PROFESSIONAL
 AND FINANCIAL REGULATION
**Board of Speech-Language Pathology, Audiology
 and Hearing Aid Dealing and Fitting**
 35 STATE HOUSE STATION
 AUGUSTA, MAINE
 04333-0035

JOHN ELIAS BALDACCI
 GOVERNOR

ANNE L. HEAD
 DIRECTOR

VERIFICATION OF LICENSURE FORM

The applicant listed below is applying for licensure in the State of Maine. The Maine Board of Speech-Language Pathology, Audiology and Hearing Aid Dealing and Fitting requests written verification from each state that applicant holds or has held any certification, licensure, or credential. This is your authority to release any information in your files, favorable or otherwise. **Please mail this verification directly to the Board at the above listed address.**

The section below is to be completed by the applicant and forwarded to the State Board in which you hold or have held a license to practice hearing aid dealing and fitting. Any associated fees are the responsibility of the applicant. If verification of licensure is needed for more than one (1) state, please copy form as needed.

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

The remaining portion is to be completed by the State Licensing Board where the applicant holds or has held a license to practice speech-language pathology and/or audiology.

Name of Licensee:		Type of License:	
License Number:	Status of License: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Expired		
Date Issued:		Expiration Date:	

OFFICE PHONE: (207)624-8626



PRINTED ON RECYCLED PAPER

(888) 577-6690 (TTY/HEARING IMPAIRED)
 OFFICES LOCATED AT: 76 NORTHERN AVENUE,
 GARDINER, MAINE

www.maine.gov/professionallicensing

FAX: (207)624-8637

VERIFICATION OF LICENSURE (PAGE 2)

Licensed by:

- Examination Endorsement/Reciprocity

Are there any pending complaints against this licensee? [] Yes [] No
If yes, please explain:

Have there been any other actions taken against this licensee? [] Yes [] No
If yes, please explain:

Is the licensee considered to be in good standing in your state? [] Yes [] No
If no, please explain:

State Board Seal

Signature: _____

Printed Name: _____

Title: _____

State: _____ Phone Number _____

Date: _____

SAMPLE HEARING AID PURCHASE AGREEMENT

ABC HEARING AID CENTER
123 MAIN STREET
ANYTOWN, MAINE 00000
207-123-4567

LICENSEE: _____
STATE LICENSE #: _____

DATE: _____
NAME: _____
ADDRESS: _____

TELEPHONE: _____

AMOUNT FINANCED: _____
MONTHLY PAYMENTS: _____
DATE PAYMENT DUE: _____
TOTAL # OF PAYMENTS: _____

SELLING PRICE: _____
DISCOUNTS/TRADE-INS: _____
TOTAL DUE: _____
DEPOSIT: _____
BALANCE DUE: _____

MANUFACTURER: _____
MODEL: _____
SERIAL #(R) _____ (L) _____
DELIVERY DATE: _____

Warranty: your (new, used, reconditioned) hearing aid is fully guaranteed by [Insert Business/Licensee Name and Address] against defects in material and workmanship for a period of ____ year(s) from date of delivery, during which period services and repairs will be made at no cost. The warranty does not cover cords, earmolds, tubing, or batteries and becomes void if an attempt to repair is made by other than those authorized by the company. If the instrument has been misused, damaged, or tampered with, a charge will be made. Postage and insurance is not covered.

Notice to purchaser: if not fully satisfied, the buyer has the right to cancel this sale within a thirty (30) day trial period from the delivery date upon the return of hearing aid(s) and devices with a full refund less the price of ear mold(s) ____ and lab fees _____. However, the purchaser has the right to cancel this transaction within sixty (60) days of the purchase if the purchaser consults an audiologist or licensed physician who in writing specifies that the hearing aid is not advisable and the medical reason why.

If you wish to register a complaint regarding this purchase, please contact: State of Maine, Department of Professional and Financial Regulation, Board of Speech-Language Pathology, Audiology, and Hearing Aid Dealing and Fitting, 35 State House Station, Augusta, ME 04333-0035, telephone: (207)624-8660, or website: www.maine.gov/professionallicensing.

Terms of service: the notice shall state the complete terms of service, including cost of service, what services are available, by whom and for how long such service will be provided, including house or office calls, when applicable, and the terms of after care fitting.

Any examination or examinations or representation or representations made by a licensed hearing aid dealer and fitter or licensed audiologist in connection with the fitting and selling of such hearing aid or aids is not an examination, diagnosis, or prescription by a person licensed to practice medicine in this state and therefore must not be regarded as medical opinion or advice.

(PURCHASER'S SIGNATURE) _____ DATE: _____

(LICENSEE'S SIGNATURE) _____ DATE: _____



JOHN ELIAS BALDACCI
GOVERNOR

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION
OFFICE OF LICENSING & REGISTRATION
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

ANNE L. HEAD
DIRECTOR

National Practitioner Data Bank (“NPDB”) and Healthcare Integrity and Protection Data Bank (“HIPDB”) Self-Query Reports

Pursuant to 10 M.R.S.A. §8003, sub-§10*, the Office of Licensing and Registration will require all applicants to submit a NPDB/HIPDB Self-Query Report as part of the initial application for licensure within each of the following allied health licensure programs effective **November 1, 2007**. Applications received without the NPDB/HIPDB self-query report will be considered incomplete which will further delay the application process.

* **“National disciplinary record system.** Within the limits of available revenues, all bureaus, offices, boards or commissions internal or affiliated with the department shall join or subscribe to the national disciplinary record system used to track interstate movement of regulated professionals who have been the subject of discipline by state boards, commissions or agencies and report disciplinary actions taken within this State to that system.”

Alcohol and Drug Counselors

License Alcohol and Drug Counselors
Certified Alcohol and Drug Counselor
Certified Clinical Supervisor
Alcohol and Drug Counselor Aide

Athletic Trainers

Athletic Trainers

Chiropractic Licensure

Chiropractor, Chiropractic Assistant
Chiropractic Acupuncture

Complementary Health Care

Acupuncturist, Naturopathic Doctor,
Naturopathic Acupuncture, Chinese Herbal
Formulation Certification

Counseling Professionals

LP, PC, LMFT, LCPC, RC
Including Conditional

Dietetic Practice

DI, DT / Including Temporary

Hearing Aid Dealers and Fitters

Hearing Aid Dealer and Fitter / Trainees

Massage Therapists

Massage Therapist

Nursing Home Administrators

AD, MLA, RC

Occupational Therapy

OT, OTA / Including Temporary

Physical Therapy

Physical Therapists
Physical Therapists Assistants

Pharmacy

Pharmacist
Pharmacist Technician
Pharmacies
Mail Order Pharmacies
Mail Order Contact Lens Suppliers
Wholesale Distributor
Manufacturer

Podiatric Medicine

Podiatrist, Resident Podiatrist

Psychologists

Psychologist, Psychologist Examiners
Including Conditional and Temporary

Radiologic Technologists

Radiologic Technologists – 3 authorities
Limited Radiographers / Special Permit
Including Temporary

Respiratory Care

Respiratory Therapist
Respiratory Technician
Associate

Social Worker Licensure

LS, LX, LM, LC, MC

SLP and Audiologists

SLP, Audiologist

The instructions to request a self-query report are available at NPDB/HIPDB’s website: www.npdb-hipdb.hrsa.gov. The website includes a Fact Sheet on self-querying, as well as FAQs to assist you in requesting a report. Customer Service Contact information is provided below:

NPDB-HIPDB Customer Service Center

**Tel: (800)767-6732
TDD: (703)802-9395**