

STATE OF MAINE

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

APPLICATION FOR LICENSURE

- Trainee Permit



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

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 to obtain a Trainee Permit 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
- Request for Examination Form
- Verification of Trainee Practicum Form
- Accommodation Request Form
- 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 HEARING AID TRAINEE:

A Hearing Aid Trainee is an individual who meets the board's licensure requirements, including a supervision plan and is granted a license to dispense hearing aids under supervision. The purpose of the trainee license is to gain experience and training under the supervision of a Maine Licensed Hearing Aid Dealer and Fitter or a Maine Licensed Audiologist in order to meet the experience requirements to apply for full licensure as a Hearing Aid Dealer and Fitter.

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.

Trainee Permit Application

A trainee permit is required before applying for full licensure as a Hearing Aid Dealer and Fitter.

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, 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 or official transcript from a postsecondary educational institution;
- Two (2) written business reference letters indicating the applicant's business attitude and ethics. Most recent employers are preferred by the Board;
- Two (2) written character references not related to the applicant;
- NPDB/HIPDB Self-query Reports;
- Payment of an Application fee of \$50.00;
- Payment of a Trainee Permit fee of \$100.00; 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>
<p>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.</p> <p>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.</p>
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

<p>Board of Speech-Language Pathology, Audiology, and Hearing Aid Dealing and Fitting</p> <p>Please Select License Type:</p> <p><input type="checkbox"/> Trainee Permit (TR1421)</p> <p align="center">Required Fee: \$171 (includes Criminal History Records Check Fee)</p>	<p>Office Use Only:</p> <p>1421 - \$100.00 1446 - \$50.00 2619 - \$21.00</p>
	<p><i>Office Use Only:</i></p> <p>Check # _____ Amount: _____ Cash # _____ Lic. # _____</p>
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	Dates Attended	Graduation Date	Degree Awarded

**Supervisor Data
(To be completed in full by the Supervisor)**

Affiliated Business:		
Mailing Address:		
City:	State:	Zip Code:
Licensed Supervisor:	License Number:	
Signature of Supervisor:	Date:	

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

REQUEST FOR EXAMINATION

Applicants who apply for examination must submit all materials required for a trainee permit before approval to sit for an examination will be granted. The exams are given twice yearly at the Department of Professional and Financial Regulation, Gardiner Annex, 76 Northern Avenue, Gardiner, Maine. Once you are scheduled for an examination, a separate notice will be mailed to you indicating the date, time and specific location of the examination.

Please circle the appropriate examination date(s), fill in the information requested below and **return this form** with all other required application materials to the Board of Speech-Language Pathology, Audiology, and Hearing Aid Dealing and Fitting, 35 State House Station, Augusta, ME 04333. If you require special accommodations, please fill out the **Accommodation Request Form** and return it with your application materials.

Written Exam

The written examination is based upon information in the Distance Learning for Professionals in Hearing Health Sciences, published by the National Institute for Hearing Instruments Studies, Education Division of International Institute for Hearing Instrument Studies

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

Exam Dates	Registration & Payment Deadline	Fee (payable to NIHIS)
5/20/2009	4/1/2009	\$95.00 or \$130 for both written & practical
10/21/2009	9/1/2009	\$95.00 or \$130 for both written & practical

Practical Exam

The practical examination is based upon the information contained in the NIHIS Uniform Practical Examination Study Guide.

Exam Dates	Registration & Payment Deadline	Fee (payable to NIHIS)
5/19/2009	4/1/2009	\$50.00 or \$130 for both written & practical
10/20/2009	9/1/2009	\$50.00 or \$130 for both written & practical

Name of Applicant:		
Mailing Address:		
City:	State:	Zip Code:
Telephone (work):		Telephone (home):
Date of Birth:	Social Security Number:	Today's Date:

OFFICE PHONE: (207)624-8626

FAX: (207)624-8637



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 (888) 577-6690 (HEARING IMPAIRED)
 OFFICES LOCATED AT: 76 NORTHERN AVENUE,
 GARDINER, MAINE
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VERIFICATION OF TRAINEE PRACTICUM FORM

Trainee Data (To be completed in full by Trainee)		
Name:	License Number:	
Mailing Address:		
City:	State:	Zip Code:
Work Telephone:	Home Telephone:	
Place of Employment During Training Period:		

Supervisor Data (To be completed in full by the Supervisor)		
Name of Licensee:	License Number:	
Mailing Address:		
City:	State:	Zip Code:
Work Telephone:	Home Telephone:	
Name of Business:		
Work Address:		
City:	State:	Zip Code:

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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 or licensed Audiologist for a minimum of 750 hours in the practice of fitting and dealing in hearing aids during a period of not fewer than six (6) nor more than eighteen (18) 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 | L. Masking |
| B. Hearing Aid Modifications | M. Identification of Outer & Inner Ear Anomolies |
| C. Technology of Hearing Aids | N. Earmolds and Shell Modification |
| D. Demonstrates Real Ear Technology | O. Laws Governing the Licensing of Persons for Fitting and Dispensing Hearing Aids in the State of Maine |
| E. Follow-up Visits and Counseling | P. FDA and FTC Regulations |
| F. Assessment and Hearing Aid Evaluations | Q. Sales and Finalization of Contracts |
| G. Speech Testing | R. 30 Day Trial Knowledge |
| H. Taking Case Histories | |
| I. Otoscopic Examinations | |
| J. Earmold Impressions | |
| K. Trouble Shooting Hearing Aids and Earmolds | |

Training Log (To be completed in full by the Licensed Supervisor)

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

Dates the Licensed Trainee was Under Your Supervision: From: _____ To: _____
month/day/year month/day/year

Affirmation

I herby 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 LICENSED SUPERVISOR: _____ DATE: _____

SIGNATURE OF TRAINEE: _____ DATE: _____



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**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

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. **Please note:** Some accommodation requests may require additional documentation (see next page).

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone (include area code): _____ Social Security Number: _____

Accommodations Requested for the _____ Examination.

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: _____

SIGNATURE: _____ DATE: _____

OFFICE PHONE: (207)624-8626



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FAX: (207)624-8637

DOCUMENTATION OF DISABILITY NEEDS

If you have a learning disability, a psychological disability, or other hidden disability that requires an accommodation in testing, please have this section completed by an appropriate professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation.

If you have existing documentation of having the same or similar accommodation provided to you in another test situation, you may submit such documentation instead of having this portion of the form completed.

I have known _____ since _____ in my capacity as a
(test applicant) (date)

(professional title)

The applicant has discussed with me the nature of the test to be administered. It is my opinion that because of this applicant's disability, he/she should be accommodated by providing the following (check all that apply):

- Taped test
- Large print test
- Reader
- Scribe/amanuensis
- Extended time
 - Time-and-a-half
 - Double time
 - More that double time (please justify) _____
- Separate Testing Area
- Use of Computer or Other Adaptive Equipment (please specify) _____
- Other (please specify) _____

SIGNATURE: _____ TITLE: _____

DATE _____ LICENSE # (if applicable) _____



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GOVERNOR

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

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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

Dated: September 28, 2007