STATE OF MAINE
BOARD OF SPEECH, AUDIOLOGY AND HEARING
APPLICATION FOR LICENSURE

- Trainee Permit

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

Office Telephone: (207) 624-8626
Office Facsimile: (207) 624-8637
TTY USERS CALL MAINE RELAY 711
Internet: www.maine.gov/professionallicensing

Office located at: 76 Northern Avenue, Gardiner, Maine

Revised 4/2017
The application material you have requested from the Board of Speech, Audiology and Hearing is enclosed. It contains all the relevant materials you need to complete your application to obtain a Trainee Permit in the State of Maine. Please read all the information carefully. If you have any questions after reading this packet, please call or e-mail our office.

**FURNISHED TO APPLICANT:**

- Applicant Information Guide
- Individual License Application
- Supervision Form
- Request for Examination Form
- Accommodation Request Form

**ADDITIONAL RESOURCES:**

- Licensing Law for Speech Pathologists, Audiologists and 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](http://www.mainelegislature.org/legis/statutes/32/title32ch137sec0.html) or call (207) 624-8626

- Licensing Rules for Speech Pathologists, Audiologists and 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#643](http://www.maine.gov/sos/cec/rules/02/chaps02.htm#643) 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](http://www.maine.gov/sos/cec/rules/02/chaps02.htm#041)

  Please read these carefully and review periodically for changes. You are responsible for knowing and complying with Office of Professional and Occupational Regulation Rules, Chapters 10, 11 and 13, throughout your licensure.

- Statutory Authority, Titles 5 & 10
  
  Available: [http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html](http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html)
  [http://www.mainelegislature.org/legis/statutes/5/title5ch341sec0.html](http://www.mainelegislature.org/legis/statutes/5/title5ch341sec0.html)
APPLICATION PROCEDURE:

- Please submit your application materials to the Board by mail or hand delivery to our offices. Faxed submissions will not be accepted. Applications are reviewed and processed in the order received. Typical review and processing time of applications is up to two (2) to three (3) weeks. Incomplete applications, underlying circumstances surrounding applications and periods of high volume could result in further delays.

- If there are deficiencies with your application, you will be notified by mail. You may also check the Board’s website. It is the responsibility of the applicant to see that all documentation is completed and returned to the department for consideration.

- **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 Professional and Occupational Regulation’s website: [http://pfr.informe.org/almsonline/almsquery/welcome.aspx](http://pfr.informe.org/almsonline/almsquery/welcome.aspx). We appreciate your thoughtful attention to this request.

- A trainee permit must be approved and active before the applicant may commence training.

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.

**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;

- 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;

- Proof of completion of high school or its equivalent—copy of diploma, GED or transcript accepted;

- Supervision Form Completed and signed by the direct supervisor;

- Payment of an Application fee of $50.00;

- Payment of a Trainee Permit fee of $110.00; and

- Payment of a Criminal History Check fee of $21.00.

  **Note:** All fees can be in one payment.
IMPORTANT INFORMATION FOR LICENSEES:

➢ 10 Day Reporting

Please be advised, pursuant to 10 MRS §8003-G, licensees are to report to the Office, in writing, any change in my name or address on file with the Office, any criminal conviction, any revocation, suspension or other disciplinary action taken in this or any other jurisdiction against any occupational or professional license held, or any material change set forth in this application within ten (10) days:  [http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html](http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html)

Further, pursuant to Chapter 5 of the Board’s Rules, any changes in supervision must be reported to the Office within ten (10) days. A form is available at the Board’s website: [http://www.maine.gov/pfr/professionallicensing/professions/speech_audiology_hearing_aid/forms.html](http://www.maine.gov/pfr/professionallicensing/professions/speech_audiology_hearing_aid/forms.html)

Any violation of a governing law or rule of the Board may result in disciplinary action against your license [http://www.mainelegislature.org/legis/statutes/10/title10sec8003.html](http://www.mainelegislature.org/legis/statutes/10/title10sec8003.html)

➢ GovDelivery

The Board of Occupational Therapy Practice has teamed up with GovDelivery to manage our digital communications. As its name implies, GovDelivery works exclusively with federal, state and municipal government agencies to communicate with licensees and the public.

As a subscriber, you will automatically receive notices from the Board based on the subscriber preferences that you select. Available topics include Board Meetings (agendas and minutes), Board Laws and Rules Notices (rulemaking and law changes) and Board Notices (news and information).

To become a subscriber, go to the Board’s website and insert your e-mail address in the space provided on the left side of the page. You may unsubscribe at any time.
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 emailed to you.

- **How can I check the status of my application?** You can check our website: http://pfr.informe.org/almsonline/almsquery/welcome.aspx.

- **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 Professional and Occupational Regulation requires a criminal history record 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.
### APPLICANT INFORMATION (please print)

<table>
<thead>
<tr>
<th>FULL LEGAL NAME</th>
<th>FIRST</th>
<th>MIDDLE INITIAL</th>
<th>LAST</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANY OTHER NAMES EVER USED</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DATE OF BIRTH</td>
<td>mm / dd / yyyy</td>
<td>SOCIAL SECURITY NUMBER</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MAILING ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>COUNTY</th>
<th>PHONE ( )</th>
<th>FAX ( )</th>
<th>E-MAIL</th>
</tr>
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### CRIMINAL BACKGROUND DISCLOSURE

**NOTE:** Failure to disclose criminal convictions may result in denial, fines, suspension and/or revocation of a license.

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 Professional and Occupational Regulation 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, Audiology and Hearing

**Please Select License Type:**

- Trainee Permit (TR1421)

**Required Fee:** $181  
(includes Criminal History Records Check Fee)

### 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)  
<table>
<thead>
<tr>
<th>FIRST</th>
<th>MIDDLE INITIAL</th>
<th>LAST</th>
</tr>
</thead>
</table>

I authorize the Department of Professional and Financial Regulation, Office of Professional & Occupational Regulation to charge my  
- VISA  
- MASTERCARD  
the following amount: $__________  

☐ I understand that fees are non-refundable

Card number: ________-________-________-________ | Expiration Date: mm / yyyy

**SIGNATURE**  
**DATE**
**Education**

<table>
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<tr>
<th>Name of School</th>
<th>Dates Attended</th>
<th>Graduation Date</th>
<th>Degree Awarded</th>
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**Supervisor Data**
*(To be completed in full by the Supervisor)*

<table>
<thead>
<tr>
<th>Affiliated Business:</th>
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<tbody>
<tr>
<td>Mailing Address:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Licensed Supervisor:</td>
<td>License Number:</td>
</tr>
<tr>
<td>Signature of Supervisor:</td>
<td>Date:</td>
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</table>

**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 Professional and Occupational Regulation 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: _____________________
**Supervision Form for Trainee Hearing Aid Dealer and Fitters**

This form is required to be submitted by applicants for trainee permit or trainees to report changes in supervisory relationships to the Board.

### Applicant Data

<table>
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<th>Name of Applicant:</th>
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<tr>
<th>Mailing Address:</th>
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<table>
<thead>
<tr>
<th>City:</th>
<th>State:</th>
<th>Zip Code:</th>
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</table>

### Proposed Supervisor’s Data

Please select one:

- [ ] New supervisor
- [x] Change of supervisor

Name of previous supervisor: _______________________

<table>
<thead>
<tr>
<th>Name of Proposed Supervisor:</th>
</tr>
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<tbody>
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<table>
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<th>Zip Code:</th>
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<tr>
<th>License Number:</th>
<th>First Issue Date:</th>
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<table>
<thead>
<tr>
<th>Employer:</th>
<th>Dates employed*:</th>
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</table>

*If less than two (2) years please attach a resume demonstrating at least two (2) years of professional experience.
## Supervisor’s Responsibility Statement

<table>
<thead>
<tr>
<th>As the Supervisor:</th>
<th>Agree:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I possess a valid license and have two (2) years of professional experience as outlined in the board rules to supervise a temporary licensee.</td>
<td>☐</td>
</tr>
<tr>
<td>2. I understand that I may supervise a maximum of two (2) trainees and that I may not supervise a total number of temporary licensees, trainee hearing aid dealers and fitters, speech-language pathology assistants and students in excess of the my ability to competently supervise such persons and perform my direct client services for which I am responsible.</td>
<td>☐</td>
</tr>
<tr>
<td>3. I understand that the applicant for traineeship may not perform the permissible tasks of a hearing aid dealer and fitter until the Board has reviewed and approved this applicant’s application or has reviewed and approved the change in supervision in writing.</td>
<td>☐</td>
</tr>
<tr>
<td>4. I understand that I am legally and ethically responsible for the work of a trainee under my supervision and I am legally and ethically responsible for the adjustment and servicing of any hearing aid sold with the participation of the trainee.</td>
<td>☐</td>
</tr>
<tr>
<td>5. I will immediately notify the temporary licensee and the Board of anything that affects my ability or right to supervise.</td>
<td>☐</td>
</tr>
<tr>
<td>6. I will maintain a training log as outlined in Chapter 5, Section 6 of the Board’s rules and will provide it to the Board upon request or upon the trainee’s application for licensure as a hearing aid dealer and fitter.</td>
<td>☐</td>
</tr>
<tr>
<td>7. I know and understand the laws and rules pertaining to the direct supervision and permissible tasks allowed under the Board’s laws and rules.</td>
<td>☐</td>
</tr>
<tr>
<td>8. If I terminate supervision of this trainee hearing aid dealer and fitter I will inform the Board in writing within ten (10) days.</td>
<td>☐</td>
</tr>
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</table>

By my signature I attest that I have read and agree with the above statements. I also understand and accept the conditions and responsibilities of the supervisory relationship as outlined by the Rules of the Board of Speech, Audiology and Hearing and by the Statutes of the State of Maine.

SIGNATURE: _______________________________ DATE: _____________
REQUEST FOR EXAMINATION

To request examination, please complete the information requested below and return this form with a fully completed Verification of Trainee Practicum Form and your signed training log by mail to the Board at the above address. Please note that trainees must have completed a minimum seven hundred fifty (750) hours in the practice of dealing in and fitting of hearing aids during a period of not fewer than six (6) months nor more than eighteen (18) months.

<table>
<thead>
<tr>
<th>Applicant Information (please print)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Applicant:</td>
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<tr>
<td>Mailing Address:</td>
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<td>City:</td>
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<tr>
<td>State:</td>
</tr>
<tr>
<td>Zip Code:</td>
</tr>
<tr>
<td>Telephone Number:</td>
</tr>
<tr>
<td>Fax Number:</td>
</tr>
<tr>
<td>E-mail Address:</td>
</tr>
</tbody>
</table>

Make the appropriate selection(s) below.

- [ ] Written Examination

  Once your hours have been reviewed and approved, you will receive additional information and registration instructions from the International Hearing Society.

- [ ] Practical Examination

  - [ ] In addition to the form and log requested above, I have also submitted an examination fee of $50.00. Please make checks/money orders payable to IHS.

  Once your payment has been received and your hours have been reviewed and approved, you will receive an examination admission notice confirming the date and time of your examination.
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).

<table>
<thead>
<tr>
<th>Name:</th>
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<tbody>
<tr>
<td>Mailing Address:</td>
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<tr>
<td>City:</td>
</tr>
<tr>
<td>State:</td>
</tr>
<tr>
<td>Zip Code:</td>
</tr>
<tr>
<td>Telephone (include area code):</td>
</tr>
<tr>
<td>Social Security Number:</td>
</tr>
<tr>
<td>Accommodations Requested for the ___________________________ Examination.</td>
</tr>
</tbody>
</table>

- [ ] 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: _______________________
**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) ___________________________