

Board of Examiners in the Fitting And Dispensing of Hearing Instruments

P.O. Box 232, Garnett, KS 66032
Phone: 785-448-2134 Fax: 785-448-2166

TO: AuD Externship Licensure Applicants
FROM: Zack Miller, AuD, CCC-A / Executive Officer
RE: Request for Licensure Application

Your request for an application for licensure and the fee for processing has been received. Enclosed is the application form. In completing the application, please type or neatly print all responses. All questions must be answered, even if only by a "not applicable" (N.A.) response. In addition to the application, we will need the following items:

Pursuant to K.S.A. 74-5814, a person licensed as an audiologist in Kansas and holding a doctoral degree in audiology will have the state examination waived and will be issued a license upon submission and approval of the application and proof of graduation from a qualified AuD program. As the externship is considered a part of the educational program, the board is not requiring a temporary license while you are completing this training. However, we are enclosing a form designating the business entity where you are training as the responsible party in regard to any activity relating to the fitting and dispensing of hearing instruments. In addition, when submitting your paperwork, we ask that you provide documentation of enrollment in an AuD program.

Upon graduation an official transcript should be sent to the board directly from the university. At that time you should send the fee for licensure of \$100.00 which will allow us to process and prepare your license materials. Licenses are renewable by July 1 annually. Information will be mailed at least 30 days prior to that date to your last known place of practice, or your last known home address as requested on the application or as revised at a later date. As your application will be submitted well ahead of actual licensure, be sure that correct or updated address information is provided with your license fee. It is the licensee's responsibility to provide the board with address information for annual renewal.

Kansas laws, rules and regulations are emailed to the address that you provide. The Kansas Board is commissioned to protect the rights of consumers and licensees regarding the sale of hearing aids in Kansas. We ask for your help in this endeavor. If you have questions now, or in the future, please do not hesitate to contact us.

Enclosures

WORK EXPERIENCE:

- 1. Have you previously applied for a license to dispense hearing aids in the State of Kansas? ___Yes ___No
If yes, give month & year _____
- 2. Have you previously applied for a license to dispense hearing aids in any other State? ___Yes ___No
State of ___ Was license granted? ___Yes ___No Date _____ Is license current? ___Yes ___No
State of ___ Was license granted? ___Yes ___No Date _____ Is license current? ___Yes ___No
State of ___ Was license granted? ___Yes ___No Date _____ Is license current? ___Yes ___No
State of ___ Was license granted? ___Yes ___No Date _____ Is license current? ___Yes ___No
- 3. Have you previously applied for a license as an Audiologist in the State of Kansas? ___Yes ___No
Was license granted? ___Yes ___No Is license current? ___Yes ___No
- 4. Have you previously applied for a license as an Audiologist in any other State? ___Yes ___No
State of ___ Was license granted? ___Yes ___No Date _____ Is license current? ___Yes ___No
State of ___ Was license granted? ___Yes ___No Date _____ Is license current? ___Yes ___No
State of ___ Was license granted? ___Yes ___No Date _____ Is license current? ___Yes ___No
State of ___ Was license granted? ___Yes ___No Date _____ Is license current? ___Yes ___No
- 5. Start with your present or last job. Include military service assignments.

A. Business Name: _____ Phone: _____
Business Address: _____ City/State: _____
Supervisor's Name: _____ Dates Employed: _____
Job Description: _____
Reason for Leaving: _____

B. Business Name: _____ Phone: _____
Business Address: _____ City/State: _____
Supervisor's Name: _____ Dates Employed: _____
Job Description: _____
Reason for Leaving: _____

C. Business Name: _____ Phone: _____
Business Address: _____ City/State: _____
Supervisor's Name: _____ Dates Employed: _____
Job Description: _____
Reason for Leaving: _____

By signing below,
• I certify that I am the person named in this application.
• I certify that I have personally read, reviewed and answered the above questions.
• I certify that all statements contained herein are accurate and factual.

Applicant's Signature _____ Date _____

NOTE: Provide all required documentation. Incomplete applications will be returned unprocessed.

Board of Examiners in the Fitting and Dispensing of Hearing Instruments

No person can fit or dispense Hearing Instruments in Kansas prior to receiving a permanent or temporary license!

All persons requesting licensure:

1. Must be at least 21 years of age
2. Must have a minimum of graduation from an accredited high school

The forms to return to the Board office: Application pg. 1 & 2, Proof of Educational Requirements, Calibration and Affidavit for Licensure.

Requirements for persons requesting a Temporary License:

1. Must be sponsored by an active Kansas Licensee
2. Sponsor must have a minimum of 5 years continuous licensure immediately preceding date supervision begins
3. Sponsor's license must be in good standing

In addition to forms required for all persons, also include Sponsor's Temporary Affidavit, Sponsor's & Applicant's Pretemporary Affidavits.

Requirements for persons Previously Licensed in other Jurisdictions:

1. Must have been fully licensed continuously for at least the preceding 5 years
2. License must be current and in good standing

In addition to forms required for all persons, also include affidavits documenting licensure in other jurisdictions. Include hearing aid dispenser and audiology licensure. If requirements are met, examination will be waived for these applicants.

Requirements for persons with an Au.D or Ph.D. in Audiology:

1. Must be currently licensed as an audiologist under K.S.A. 65-6501 et seq.,
2. Must hold a Doctoral Degree or it's equivalent in Audiology (K.S.A. 74-5814a)
3. Must submit official transcripts from the registrar's office of the college or university. Transcripts must be mailed directly to the Board office.

If requirements are met, examination will be waived for these applicants.

Fees:

<input type="checkbox"/>	Application Packet	\$100.00
<input type="checkbox"/>	Licensure Verification per state License	\$ 15.00
<input type="checkbox"/>	Examination Fee	\$ 80.00
<input type="checkbox"/>	Re-Exam Fee (Based on portions required)	*Variable*
<input type="checkbox"/>	Temporary License Fee	\$100.00
<input type="checkbox"/>	Temporary License Renewal Fee	\$100.00
<input type="checkbox"/>	Permanent or Reciprocal License Fee	\$100.00
<input type="checkbox"/>	Annual Renewal (Due by June 30)	\$100.00
<input type="checkbox"/>	Late Renewal (Postmarked July 1-July 31) plus Annual Renewal	\$200.00
<input type="checkbox"/>	Extended Late Renewal (Postmarked after July 31) plus Annual Renewal	\$300.00

Kansas Board of Examiners in the Fitting and Dispensing of Hearing Instruments

Zack Miller, AuD, CCC-A, Exec. Officer

Sam Brownback, Governor

AFFIDAVIT FOR LICENSURE

I do hereby affirm that all statements made herewith are true and correct to the best of my knowledge and belief. I further affirm that I have read Public Acts of the Kansas Legislature, Chapter 74, Article 58, together with the Rules and Regulations of the Board of Examiners in the Fitting and Dispensing of Hearing Instruments and fully understand that in receiving a license from the Board, I bind myself to be governed by them. Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for licensing.

DATE: _____ SIGNATURE: _____

NAME: _____

STATE OF _____

COUNTY OF _____ ss:

On this ____ day of _____, 20____, before me personally appeared _____, to me known to be the person described in and who executed the foregoing instrument, and acknowledged that he/she executed the same as his/her free act and deed.

Notary Public

My Commission Expires: _____

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AFFIDAVIT FOR LICENSURE IN OTHER JURISDICTIONS

Hearing Instrument Fitting & Dispensing

Audiology

Complete this form for **each** state where you have applied for and/or received a license to practice hearing instrument fitting or dispensing or to practice as an audiologist. Give the complete mailing address, phone number and contact person for each applicable state agency.

(If more forms are needed please copy)

State of: _____ Agency Contact Person _____

Name of Agency: _____

Address: _____

Email _____

Phone Number: _____ Date Applied For: _____

Was License obtained: ___ Yes ___ No License # _____

If not, why not: _____

Is license current: ___ Yes ___ No

Has there been any action taken against this license? ___ Yes ___ No

If yes, explain on separate sheet.

Is there any current action pending against this license? ___ Yes ___ No

If yes, explain on separate sheet.

Signature

Date

Printed Name



A \$15.00 fee is required for each licensure verification. This fee must be submitted prior to continued processing. Upon receipt, we will contact each agency regarding your licensure. A Kansas license will not be issued until all information is received and reviewed.