

# **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: **Reciprocal Licensure Applicants**  
FROM: **Zack Miller, Au.D., Executive Officer**  
RE: **Request for Licensure Application**

Your request for an application for licensure and fee for processing has been received. Enclosed is the application and other forms.

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:

- ◆ information regarding dispensing history (dates of licensure, states where licensed now or in the past, current status of all licenses)
- ◆ licensing board address and phone information for verification of licenses
- ◆ documentation of current audiometer calibration
- ◆ license fee of \$100.00 (will not be deposited until licenses verified)
- ◆ \$15.00 verification fee for each license held now or previously

Pursuant to K.S.A. 74-5814, the board may issue a license to a person who is currently licensed to practice fitting and dispensing of hearing instruments in another jurisdiction if there is:

- (1) Continuous licensure to practice fitting and dispensing of hearing instruments during the five years immediately preceding the application with at least the minimum professional experience as established by rules and regulations of the board; and
- (2) The absence of disciplinary actions of a serious nature brought by a licensing board or agency of another jurisdiction.

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 effort.

### **Application Checklist:**

\_\_\_ Completed Application and Forms    \_\_\_ Documentation of Education  
\_\_\_ Audiometer Calibration            \_\_\_ Signed and Dated Application

**APPLICATIONS WHICH DO NOT INCLUDE ALL LISTED ITEMS WILL BE RETURNED**

# KANSAS LICENSE APPLICATION FOR THE FITTING AND DISPENSING OF HEARING INSTRUMENTS

**Office Use Only:** Fee Rec'd \_\_\_\_\_ App Mailed: \_\_\_\_\_ App Rec'd \_\_\_\_\_ Perm # / Date \_\_\_\_\_ / \_\_\_\_\_

All questions must be answered fully and completely. Any incomplete application will be returned without consideration. Application for a temporary license must be accompanied by affidavit of sponsor who will be responsible for the training and ethical conduct of the applicant. An audiometer calibration sheet for your equipment must accompany all applications. If the surname on your submitted documents is different than the name furnished to the board office, please submit a copy of the official name change documentation. (Example: marriage certificate)

Are you currently licensed as a Hearing Aid Fitter & Dispenser? \_\_\_ Yes \_\_\_ No

If yes, in what state(s) are you licensed? \_\_\_\_\_

Do you have a Degree in Audiology? \_\_\_ Yes \_\_\_ No

Are you working as an extern in an AuD program \_\_\_ Yes \_\_\_ No

Do you hold a Doctoral Degree in Audiology? \_\_\_ Yes \_\_\_ No

Do you plan to work on a Temporary License? \_\_\_ Yes \_\_\_ No

If yes, Name and License # of Sponsor \_\_\_\_\_

**GENERAL INFORMATION:** • Mr. • Ms. • Mrs. • M.A. / M.S. • Au.D. • Ph.D.

\_\_\_\_\_  
Last Name First M Age Date of Birth

\_\_\_\_\_  
(Name as you wish it to appear in the Board's Directory) Social Security Number

\_\_\_\_\_  
(Company Name) Business Phone # Business Fax #

\_\_\_\_\_  
(Company Location Where You Will Be Working) City State Zip

\_\_\_\_\_  
Home Address City State Zip

\_\_\_\_\_  
Alternate Phone # E-mail Address

\_\_\_\_\_  
Owner of Company License # Contact Number

Mail Board correspondence to: HOME  BUSINESS

Have you ever been convicted of a felony? YES  NO

If yes, give date, place, disposition of each complaint on a separate sheet and enclose pertinent information.

**EDUCATION:** Note highest level of education and submit proof. Documentation of Ph.D. or Au.D. must be sent directly from institution granting degree.

High School  Associates Degree  B.A. / B.S.  M.A. / M.S.  Ph.D. / Au.D.

**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:**

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<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: \_\_\_\_\_

# Kansas Board in the Fitting and Dispensing of Hearing Instruments

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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.