Board of Examiners in the Fitting and Dispensing of Hearing Instruments P.O. Box 552 Rose Hill, KS 67133



Mark Shaver, PhD, CCC-A, Executive Officer

Laura Kelly, Governor

Phone: (833) 335-2423

Fax: (833) 411-1254

APPLICATION FOR RECIPROCITY

Enclosed is the application and other form for completing the reciprocal license process. 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
- proof of 10 CEUs completed within the past 12 months
- application fee of \$100.00 paid online at www.kbhae.com
- license fee of \$100.00 paid online at www.kbhae.com
- \$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 FormsAudiometer Calibration	Documentation of EducationSigned and Dated Application

KANSAS LICENSE APPLICATION FOR THE FITTING AND DISPENSING OF HEARING INSTRUMENTS

Office Use Only: Fee Rec'd	App Mailed:	App Rec'd _	Pern	n # / Date	
All questions must be answered fully a temporary license must be accompanied audiometer calibration sheet for your equ the name furnished to the board office, pl	by affidavit of sponsor who ipment must accompany all	will be responsible applications. If the	for the training ar surname on your	nd ethical conduct submitted docum	ct of the applicant. An
Are you currently licensed as a	Hearing Aid Fitter & [Dispenser?	Yes	No	
If yes, in what state(s) are you I	icensed?			<u> </u>	
Do you have a Degree in Audio	ogy?		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 Temp	orary License?		Yes	No	
If yes, Name and License # o	f Sponsor				
		Mrs. • M.A. /			
Last Name	First		M Age	Date of E	Birth
(Name as you wish it to appear	in the Board's Directo	ory)	Pusinoss	Social Sec	urity Number
(Company Name)			Dusiness	Phone # bus	siness rax #
(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 N	lumber	
Mail Board correspondence to:	номе	BUSIN	ESS		
Have you ever been convicted of	of a felony? YE	s No			
If yes, give date, place, disposit	•		sheet and end	lose pertine	nt information.
EDUCATION : Note highest level directly from institution	of education and submition granting degree.	t proof. Documer	ntation of Ph.D). or Au.D. mu	st be sent
High School Asso	ciates Degree	B.A. / B.S.	M.A. / M.S	6.	.D. / Au.D.

WORK EXPERIENCE: Have you previously applied for a license to dispense hearing aids in the State of Kansas? Yes No If yes, give month & year 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 ___Yes ___No Date _____ Is license current? State of ____ Was license granted? ___Yes ___No Date _____ Is license current? ___Yes ___No Yes No Have you previously applied for a license as an Audiologist in the State of Kansas? Was license granted? ___Yes ___No Is license current? ___Yes ___No __Yes _ No 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? State of ____ Was license granted? Yes No Date _____ Is license current? Yes No State of ____ Was license granted? ___Yes _ No ___Yes ___No Date Is license current? ___Yes ___No State of Was license granted? Yes No Date Is license current? Start with your present or last job. Include military service assignments. 5. 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: 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	n. 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 persor	ns requesting	licensure:
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- 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: **Application Packet** \$100.00 Licensure Verification per state License \$ 15.00 Practical Examination Fee \$ 25.00 per exam (3 total) Re-Exam Fee (Based on portions required) *Variable* Temporary License Fee \$100.00 Temporary License Renewal Fee \$100.00 Permanent or Reciprocal License Fee \$100.00 Annual Renewal (Due by June 30) \$100.00 Late Renewal (Postmarked July 1-July 31) plus Annual Renewal \$200.00 Extended Late Renewal (Postmarked after July 31) plus Annual \$300.00 Renewal

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DATE:



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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.

N	IAME:
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:	

SIGNATURE:

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information is received and reviewed.

Laura Kelly, Governor

	AFFIDAVIT FOR LIC	CENSURE IN OT	THER JURISDICTIONS	
	Hearing Instrument Fitting & Dispensing		Audiology	
dispe	olete this form for each state where you have appliensing or to practice as an audiologist. Give the comagency.	ed for and/or receive	ed a license to practice hearing instrument fittings, phone number and contact person for each	ng or h applicable
	(If mor	e forms are needed ple	ease copy)	
State	of: Agency Contact P	erson		
Nam	e of Agency:			
Addr	ess:			
Ema	l:			
Phor	e Number: [Date Applied For:_		
Was	License obtained:YesNo	License #		
	If not, why not:			
Is lic	ense current:YesNo			
	Has there been any action taken against the lf yes, explain on separa		YesNo	
	Is there any current action pending against If yes, explain on separa	t this license?	YesNo	
Signa	ture	Date		
Printe	ed Name			
	A \$15.00 fee is required for each licensure Upon receipt, we will contact each agency			