

Board of Examiners in the Fitting
and Dispensing of Hearing Instruments
P.O. Box 860181
Shawnee, KS 66286



Phone: (833) 335-2423
Fax: (833) 411-1254
Laura Kelly, Governor

Danielle Dorner, AuD, CCC-A, Executive Officer

TO: **Reciprocal Licensure Applicants**
FROM: **Danielle Dorner, Au.D., CCC-A, Executive Officer**
RE: **Request for Licensure Application**

A link to the State Laws, Rules, and Regulations is posted on the website, www.kbhae.com

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, and status of all licenses)
- Proof of name change (if applicable)
- 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
- Proof of the highest level of education. Ph.D. or Au.D. degrees must be sent directly from the granting degree institution.
- Application fee of \$100.00 paid online at www.kbhae.com
- License fee of \$100.00 paid online at www.kbhae.com
- Verification fee of \$15.00 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.

According to Kansas HB 2745, relating to occupational licensing, certification and registration fees; providing that military spouses of active military servicemembers shall be exempted from all such fees. **This does not include the application fee.**

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.

Required documentation may be submitted via email, fax, or mail to:

Danielle Dorner
Danielle.dorner@ks.gov
F: 833-411-1254
PO Box 860181
Shawnee, KS 66286

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 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. Currently licensed as an audiologist under K.S.A. 65-6501 et seq.,
2. Hold a Doctoral Degree or equivalent in Audiology (K.S.A. 74-5814a)
3. Official transcripts sent from the registrar's office of the college or university. Transcripts must be e/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"/>	Practical Examination Fee (3 total)	\$ 25.00 per exam
<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

****All fees MUST be paid on kbhae.com via the "Online Payment" link****

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.

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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.

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.