

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: Reinstatement 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

K.S.A. 74-5816 (c) Within two years after the expiration of the grace period, the board may reinstate a license upon payment to the board of the license reinstatement fee provided for in K.S.A. 74-5810a, and amendments thereto and submission of the documentation of testing and verification of calibration. Such person may also be required to complete such additional testing, training or education as the board may deem necessary to establish the person's present ability to practice with reasonable skill and safety. (d) A person who applies for reinstatement and whose license expired for the sole reason of failure to renew shall be required to submit to any examination as a condition of reinstatement if such person applies for reinstatement more than two years from the date of expiration of the license.

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:

- Documentation of current audiometer calibration
- Proof of 10 CEUs completed within the past 12 months
- Reinstatement fee of \$300 paid via www.kbhae.com

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

I certify that I am the person named in this application for reinstatement of license to practice the fitting and dispensing of hearing instruments in the State of Kansas; I have personally read, reviewed and answered the below questions and that all statements I have made herein are true, that I am the original and lawful possessor of and person named in the various documents and credentials furnished to the Board in connection with this reinstatement. I declare under penalty of perjury under the laws of the State of Kansas and the provisions of the Kansas Board of Examiners in the Fitting and Dispensing of Hearing Instruments Act that the foregoing is true and correct.

Licensee's Signature: _____ **Date:** _____

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date _____	Is license current?	<input type="checkbox"/> Yes <input type="checkbox"/> No
State of _____	Was license granted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date _____	Is license current?	<input type="checkbox"/> Yes <input type="checkbox"/> No
State of _____	Was license granted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date _____	Is license current?	<input type="checkbox"/> Yes <input type="checkbox"/> No
State of _____	Was license granted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date _____	Is license current?	<input type="checkbox"/> Yes <input type="checkbox"/> No

1. 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

2. Have you previously applied for a license as an Audiologist in any other State? Yes No

State of _____	Was license granted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date _____	Is license current?	<input type="checkbox"/> Yes <input type="checkbox"/> No
State of _____	Was license granted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date _____	Is license current?	<input type="checkbox"/> Yes <input type="checkbox"/> No
State of _____	Was license granted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date _____	Is license current?	<input type="checkbox"/> Yes <input type="checkbox"/> No
State of _____	Was license granted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date _____	Is license current?	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. 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.