

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

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
 - 7 of 10 must be hearing aid related
 - 3 of 10 must be live/in-person
- 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:** _____

KANSAS LICENSE APPLICATION FOR THE FITTING AND DISPENSING OF HEARING INSTRUMENTS

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)

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 #

Office/Company Address City State Zip

Company County Home County

Home Address City State Zip

Personal Phone # E-mail Address

Owner of Company License # Contact Number

Mail Board correspondence to: ☐ HOME ☐ BUSINESS

Have you ever been convicted of a felony or Class A misdemeanor? ☐ YES ☐ NO

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

During this license period, has your license, certification, or registration issued by Kansas or another state or entity been: denied, refused for renewal, suspended, revoked, or subjected to any disciplinary action whether pending or final, or having you been convicted of a crime by any state or federal court in the United States?

☐ No ☐ Yes (attach explanation)

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? ___ 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

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? _____ Have you
_____ 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. 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.