



**RE: Request for Application for Temporary Licensure**

A link to the State Laws, Rules, and Regulations is posted on the website, [www.kbhae.com](http://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:

- Proof of education
- Current audiometer calibration
- Application fee of \$100 paid online at [www.kbhae.com](http://www.kbhae.com)
- License fee of \$100 paid online at [www.kbhae.com](http://www.kbhae.com)

When everything is received, the temporary license will be issued. Then, you will receive an email from IHS, with instructions for creating an IHS account and registering for the ILE (IHS' written exam). You **MUST** pass the written ILE 30 days before taking the practical exam. You will be advised of the fees due and the exact time and date approximately 30 days prior to the Kansas practical exam.

Pursuant to K.S.A. 74-5812(c), your temporary license entitling you to practice the fitting and dispensing of hearing instruments expires 30 days after the next examination.

If a person who holds a temporary license . . . does not take the next examination given after the date of issue, the temporary license shall not be renewed, except for good cause shown. K.S.A. 74-5812(e).

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](mailto:Danielle.dorner@ks.gov)  
**F: 833-411-1254**  
**PO Box 860181**  
**Shawnee, KS 66286**



**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  
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

**SPONSOR'S AFFIDAVIT FOR TEMPORARY LICENSE**

K.S.A. 74-5812(d) states that:

No temporary license shall be issued by the board under this section unless the applicant shows to the satisfaction of the board that such applicant is or will be employed, and in the course of such employment will practice fitting and dispensing of hearing instruments under the supervision of a person who holds a valid license issued under this act and meets any other requirements established by rules and regulations of the board.

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K.A.R. 67-3-2 states that:

Responsibility for the ethical conduct of a temporary licensee shall rest with the sponsoring license holder. The sponsoring license holder shall be responsible for insuring that the applicant meets all requirements. The sponsoring license holder may terminate the responsibility by discharging the temporary license and returning the license by registered mail to the board with an explanation of why the licensee was terminated.

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**I do hereby affirm that as the holder of a valid, unrevoked, unsuspended license under the Hearing Aid Fitters and Dispensers Act of Kansas, I have read the above excerpts, and I fully understand my responsibilities as sponsor for \_\_\_\_\_ who will work and train under my supervision and for whom I am to be responsible.**

**I further affirm that I have read the application to which this affidavit will be appended and that to the best of my knowledge, the answers to all questions are true and complete.**

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

LICENSE #: \_\_\_\_\_ NAME: \_\_\_\_\_

STATE OF KANSAS

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: \_\_\_\_\_

# 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"/>	<b>Application Packet</b>	<b>\$100.00</b>
<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"/>	<b>Temporary License Fee</b>	<b>\$100.00</b>
<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](http://kbhae.com) via the "Online Payment"**

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

### 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.

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

Dear Applicant,

The Kansas Board of Examiners in the Fitting and Dispensing of Hearing Instruments **now requires** that all applicants **take and pass** the written, International Licensing Examination (ILE), prior to sitting for the practical examinations.

*Article 2.—EXAMINATIONS 67-2-4. Examinations. (a) Each applicant shall be required to take an examination that includes both written and practical demonstrations of technical proficiency. Each applicant shall be required to take and pass the written examination before taking the practical examination. The passing score on the practical examination shall be at least 75 percent for each individual section. The written examination shall be graded by the international hearing society, subject to approval by the board.*

*(b) After the board has approved the applicant's passing score on the written examination, the applicant shall be notified by letter of the date, time, and location of the practical examination. If the board receives proof of an applicant's passing score on the written examination from the international hearing society fewer than 30 days before the next scheduled practical examination and determines that the examination site can accommodate an additional examinee, the applicant may be permitted to take that practical examination. The applicant shall be notified by letter of the results of the practical examination within 30 days from the date of that examination. (Authorized by K.S.A. 74-5806; implementing K.S.A. 74-5812; effective May 1, 1982; amended May 1, 1984; amended March 6, 1995; amended May 12, 2000; amended Feb. 17, 2017; amended Jan. 10, 2020.)*





## **TO APPLICANTS AND SPONSORS REGARDING TEMPORARY LICENSES**

The information in this memo details the requirements regarding the 2008 revision of pre-temporary training guidelines. As a consumer protection agency, the board felt it necessary to review and revise the breakdown of the 70 hours required prior to issuing a temporary license. The new standards differ in the requirements for direct supervision hours and method of documentation required. The revised guidelines will be listed below.

**Current guidelines:** (70 hours required, state law allows 200 hours)

### **70 hours divided between**

- Lecture
- Hands on / non-patient practice; minimum of 25 hours
- Reading / studying
- Observation
- Observation of video programs

If NOT working on a temporary license, training is limited to persons specifically chosen for training and is not allowed on the general consumer public. The presence of a sponsor or trainer does not allow an applicant, or any other unlicensed person, to perform any act on a member of the public that is regulated by the statutes and regulations for the fitting and dispensing of hearing instruments.

### **Direct contact supervision of 50 hours is required. This can include**

- Hands-on testing or practice a minimum of 25 hours
- One on one discussion NOT including sales training
- Group lecture NOT including sales training

Reading, studying, and observation, which will all be important in the training during the time the applicant is working on a temporary license, **will NOT count toward the 50 hour pre-temporary requirement.**

## Pre-temporary Requirements Continued...

Falsification of any part or portion of the pre-temporary program by any persons involved may result in investigation pursuant to K.A.R. 67-3-2, 67-4-13 and K.S.A. 74-5818 (c) and (g) and subsequent review by the board. Prior to resolution of such charges, a temporary license will not be issued.

The breakdown of hours for direct supervision will be:

1. Medical Conditions, Red Flags, KS Law  
FDA Regulations, Case History 5 hours
2. Puretone Air & Bone Testing 8 hours
3. Masking 15 hours
4. Speech Testing 4 hours
5. Audiogram Analysis 10 hours
6. Impression Taking 4 hours
7. Hearing Aid Fitting, Verification 4 hours

The following hours are also required in the 70 hours of pre-temporary training. These subjects may be studied via observations, reading, study, and hands on / non-patient practice. Direct supervision by the trainer is not required. The remaining 8 hours (or more if deemed necessary) are at the sponsor's discretion.

8. Hearing Aid Testing, Terminology, Specs 2 hours
9. Types/Causes of Hearing Loss 5 hours
10. Adjustments, Modifications 5 hours

### **\*\*\*Masking:**

When being tested on masking the board will focus on the plateau method. It is the opinion of the Board, that regardless of any plateau method used, a 20 dB plateau must be obtained to establish a threshold.

Our industry has evolved and with that, our training and knowledge must follow suit. Board members have reviewed the preparation of applicants for the past several years. and have determined this revision is necessary to maintain adequate consumer protection set forth by Kansas law.

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and Dispensing of Hearing Instruments  
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Phone: (833) 335-2423

Fax: (833) 411-1254

Laura Kelly, Governor

## SPONSOR'S PRETEMPORARY TRAINING AFFIDAVIT

I hereby state and affirm that I have supervised the required minimum training hours as set forth in the revised requirements of November 4, 2008 by the Kansas Board of Examiners.

I further state that I have complied with the required breakdown of the hours (70) and the number of directly supervised hours (50). I understand that falsification of any part or portion of the pre-temporary program by any persons involved may result in investigation pursuant to K.A.R. 67-3-2, 67-4-13 and K.S. A. 74-5818 c and g and subsequent review by the board. Prior to resolution of such charges, a temporary license will not be issued.

\_\_\_\_\_

Sponsor's Signature

\_\_\_\_\_

Date .

\_\_\_\_\_

Sponsor's Printed Name

STATE OF KANSAS

COUNTY OF \_\_\_\_\_

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: \_\_\_\_\_

Board of Examiners in the Fitting  
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Danielle Dorner, AuD, CCC-A, Executive Officer

## APPLICANT'S PRETEMPORARY TRAINING AFFIDAVIT

I hereby state and affirm that I have completed the required minimum training hours as set forth in the revised requirements of November 4, 2008 by the Kansas Board of Examiners.

I further state that I have complied with the required breakdown of the hours (70) and the number of directly supervised hours (50). I understand that falsification of any part or portion of the pre-temporary program by any persons involved may result in investigation pursuant to K.A.R. 67-3-2, 67-4-13 and K.S. A. 74-5818 c and g and subsequent review by the board. Prior to resolution of such charges, a temporary license will not be issued.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Printed Name

STATE OF KANSAS

COUNTY OF \_\_\_\_\_

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.

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**TO: All Temporary License Holders & Sponsors**

RE: Regulations - K.A.R. 67-3-2 & K.A.R. 67-3-3

To Temporary Licensee:

Per the above noted regulation, if a temporary licensee's employment status under the temporary license should change, the licensee is required to return the license to the sponsor.

To Sponsor:

Per the regulation, the sponsor is then required to return the temporary license to the Board office by registered mail with an explanation of why the license was terminated. Licenses should be mailed within 10 days of termination.

**WHEN A TEMPORARY LICENSE HOLDER'S EMPLOYMENT  
IS TERMINATED, THAT PERSON MAY NOT FIT OR DISPENSE HEARING INSTRUMENTS IN  
THE STATE OF KANSAS.**

\_\_\_\_\_  
Printed Name of Temporary Licensee

\_\_\_\_\_  
Printed Name of Sponsor

\_\_\_\_\_  
Signature of Temporary Licensee

\_\_\_\_\_  
Signature of Sponsor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**SUBJECT AREAS** Hrg Loss, Medical/Red Flags/Laws , PT Air/ Bone, Masking, Speech Testing, Audio Anal, Earmold, Terms/Specs, HA Fitting

APPLICANT _____ TEMP # _____							SPONSOR _____ LIC # _____			
	Date	Subject	Method	Direct	Indirect	Activity Details	"Patient"	App's	Trainer	Misc.
			D/HO/O	Time	Time		ID or #	Initials	Initials	Notes
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APPLICANT _____ TEMP # _____							SPONSOR _____ LIC # _____			
Date	Subject	Method	Direct	Indirect	Activity Details		"Patient"	App's	Trainer	Misc.
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APPLICANT _____ TEMP # _____							SPONSOR _____ LIC # _____			
	Date	Subject	Method	Direct	Indirect	Activity Details	"Patient"	App's	Trainer	Misc.
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	Date	Subject	Method	Direct	Indirect	Activity Details	"Patient"	App's	Trainer	Misc.
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