

State of Maryland - Department of Health and Mental Hygiene
**Board of Examiners for Audiologists,
Hearing Aid Dispensers and Speech-Language Pathologists**
4201 Patterson Avenue * Baltimore, Maryland 21215-2299
Phone 410-764-4725 * Fax 410-358-0273
TTY- Maryland Relay Service 1-800-735-2258

Hearing Aid Dispenser – Limited License Renewal

Name: _____ License #: _____

Address: _____

Reason for Renewal of Limited License

Failed Examination

Failure to Sit for Examination

Other _____

A person who holds a Limited License to practice as a Hearing Aid Dispenser may renew the Limited License by remitting a check or money order in the amount of \$25.00 payable to the State Board of Examiners for Hearing Aid Dispensers. The limited license renewal fee is non-refundable.

The time for which an individual may hold a Limited License shall not exceed two years.

I understand that by signing this statement, the Limited License for which I am renewing will expire one year from date of approval. I further understand that I may not engage in the profession for which I have applied until such time that the Limited License has been issued.

Applicant Signature _____ Date _____

In accordance with Executive Order .01.01.1983-18, the Board is required to advise an applicant as follows regarding the collection of personal information:

Personal information requested by the Board is necessary in determining your eligibility for licensure. Such personal information is also intended for use as an additional means of verifying the licensee's identity or to enable the agency to communicate, in a timely manner, with the licensee should the need arise. The licensee has a right to inspect his personal record and to amend or correct the personal data if necessary.