

**APPLICATION FOR WAIVER OF HEARING AID DISPENSER EXAMINATION CHECKLIST**

\_\_\_\_\_ \$100.00 fee is nonrefundable- check or money order payable: The Board of HAD

\_\_\_\_\_ A recent 2x2 passport size photograph

\_\_\_\_\_ Complete signed application (application will be returned if incomplete)

\_\_\_\_\_ Application notarized

\_\_\_\_\_ Official college transcript showing completion of a 2 year degree program

Request the college to send the transcript to:

**Board of HAD**

**DHMH**

**4201 Patterson Avenue**

**Baltimore, Maryland 21215-2299**

\_\_\_\_\_ Proof of Completion of the International Hearing Society curriculum entitled “Distance Learning for Professionals in Hearing Health Sciences” before taking the Hearing Aid Dispenser Examination.

\_\_\_\_\_ Law examination

**Please Note:** To pass the open book examination, all applicants must score at least 75. You can download the examination from the Board’s web site at [www.mdboardaudhadslp.org](http://www.mdboardaudhadslp.org). Use the Forms Link to download a copy of the law examination. To complete the examination refer to the law and regulation reference number included with the questions. Use the Law and Regulation Links on the web site to get the answer. If you do not have access to a computer, call the Board office and the examination and a copy of the law and regulations will be mailed to you. A license will **NOT** be issued unless the law examination is passed.

\_\_\_\_\_ Attach a copy of your current Hearing Aid Dispenser license

**Please Note:** If the State in which you are currently licensed does not have a continuing education requirement equivalent to the continuing education requirement in Maryland, the applicant shall, within 6 months being issued a license in Maryland, complete a prescribed number of hours of continuing education as determined by the Board, not to exceed 20 hours, so as to obtain an equivalent number of hours as is required for Maryland applicants.

**Revised 10/08**

**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 FAAX 410-358-0273 MARYLAND RELAY SERVICES 1-800-735-2258**

**WAIVER OF HEARING AID DISPENSER EXAMINATION**

Date: \_\_\_\_\_

Affix current  
2x2 Size Photo

1. Name: \_\_\_\_\_

Last                      First                      Middle

2. Home Address: \_\_\_\_\_

Street    Apt.

\_\_\_\_\_

City    State                      Zip Code

3. Home Phone: \_\_\_\_\_ Alternate# \_\_\_\_\_ Email \_\_\_\_\_

4. Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

5. Have you ever been convicted of a felony or a misdemeanor involving moral turpitude?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, write an explanation on an attached sheet of paper

**6. EDUCATION**

College Attended:

\_\_\_\_\_

Address: \_\_\_\_\_

Street                      City                      State                      Zip Code

Dates Attended: \_\_\_\_\_ to \_\_\_\_\_

**Have the college send an official transcript directly to the Maryland Board.**

7. Have you previously been licensed in Maryland?

If yes, license No.: \_\_\_\_\_ Date expired: \_\_\_\_\_

8. Have you previously applied for license to dispense hearing aids in the State of Maryland or in another state? If so, when? \_\_\_\_\_ Where? \_\_\_\_\_

9. Have you ever been denied a license to dispense hearing aids or has your license ever been suspended or revoked in the State of Maryland or any other state?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, write an explanation on an attached sheet of paper.

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FOR OFFICE USE

Received \_\_\_\_\_ CK ( ) MO ( ) Number \_\_\_\_\_

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**HEARING AID DISPENSER LICENSURE AFFIDAVIT**

An application for licensure as a Hearing Aid Dispenser has been filed with the Maryland Board of Examiners for Audiologists, Hearing Aid Dispensers and Speech-Language Pathologists by

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The Maryland Board may issue a license to an applicant who holds a current, unsuspended and unrevoked certificate or license to sell or fit hearing aids in another state or jurisdiction if it has requirements equivalent to or higher than those in effect in Maryland.

1. Licensed in your State? Yes \_\_\_\_\_ No \_\_\_\_\_

2. Did applicant take the written examination prepared by the National Institute for Hearing Instrument Studies? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, did applicant take a written examination Yes \_\_\_\_\_ No \_\_\_\_\_

Written examination consisted of: \_\_\_\_\_

Grade: \_\_\_\_\_

Practical Examination Consisted of: \_\_\_\_\_

Grade: \_\_\_\_\_

3. Is License current? Yes \_\_\_\_\_ No \_\_\_\_\_ If not, why \_\_\_\_\_

4. Has License ever been revoked or suspended? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, why \_\_\_\_\_

5. Does your state require continuing education hours for license renewal?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, hours required \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Board Name \_\_\_\_\_

State of \_\_\_\_\_

**PLEASE ENCLOSE A COPY OF THE STATE LAW AND REGULATIONS FOR HEARING AID DISPENSERS**