

owner of the establishment and have multiple offices, please complete Page 5.) **If this section does not apply to you, please write "N/A".**

 Home Office Address City State Zip

 Home Office Contact Name Phone # Fax #

Testing Equipment Information

audiometer information, Tympanometry information, and proof of calibration are required for every piece of equipment used by you, from every office and mobile unit. Please submit any questions about this via email to ar.hid.board@arkansas.gov or by phone at 501-661-2051. Applications received without the required information will be returned and may be subject to a late fee. Please use one form per office. ***Make additional copies as needed.***

 Office Address City State Zip

 Phone # Fax # Hours of Operation

(A) Audiometer Information

 Audiometer Make Model Serial Number

 Date of Last Calibration Bone Conduction? (Y/N) Masking? (Y/N) Live Speech or Audio File/
 Recording

(B) Audiometer Information

 Audiometer Make Model Serial Number

 Date of Last Calibration Bone Conduction? (Y/N) Masking? (Y/N) Live Speech or Audio File/
 Recording

(C) **Tympanometry Information**

_____	_____	_____
Tympanometry Brand	Type	Serial Number

Date of Last Calibration		

(D) **Verification Method:** **Real Ear** _____ _____
Equipment Used Serial Number

Sound Field _____
Enter the audiometer that is used in sound field test
and sound field calibration.

(E) **Other Testing Equipment**

_____	_____
Make (and model, if applicable)	Purpose of Equipment

Make (and model, if applicable)	Purpose of Equipment

Continuing Education Information

A total of twelve (12) Continuing Education Units are **required** for license renewal, including one (1) unit of Ethics. All twelve CEUs must have been pre-approved by the Board and received between July 1, 2023, and June 30, 2024. You must include verification of these CEUs in your renewal packet. *If you received your initial license between July 1, 2023 and June 30, 2024, you are not required to provide proof of continuing education units.*

(A) Company-sponsored workshops or seminars

DATE	SUBJECT MATTER
_____	_____
_____	_____
_____	_____

(B) NHAS or State Society workshops or seminars

DATE

SUBJECT MATTER

_____	_____
_____	_____
_____	_____

(C) Profession study (journals, books, articles, etc.)

TITLE

SUBJECT MATTER

_____	_____
_____	_____
_____	_____

Bill of Sale Documentation

Rules – Per Article VIII, Section 3(iv)(c): A blank copy of the currently used bill of sale or comparable document provided to patients as required by Ark. Code Ann. Section 17-84-104 must be submitted with your renewal. Attached are instructions of what should be included on the bill of sale or comparable document. Please submit a copy of the currently used bill of sale or comparable document with your license renewal application.

In-Office Assembly of Hearing Instruments

Rules – Per Article VIII, Section 3(iv)(d): A statement regarding whether the licensee is engaged in the practice of dispensing in-office assembled hearing instruments.

Do you currently engage in the practice of dispensing in-office assembled hearing instruments? **Yes** **No**

I CERTIFY that I have completed the aforementioned training or educational activities during the last twelve (12) months, and I submitted a copy of the currently used bill of sale or comparable document—**documentation is required.**

Signature of License Holder

Date

Mail completed application, supporting documentation,
and a **check or money order** in the amount of \$5.00 (renew license) or \$3.00(inactive status) to:

Arkansas Board of Hearing Instrument Dispensers
4815 West Markham Street, Slot 2
Little Rock, AR 72205

MUST be postmarked no later than June 30, 2024, to avoid late fees. Licenses are not valid until approved. Allow 4 weeks from date of postmark for hard copy documentation.

Satellite Office Information

Please provide information for each office under your ownership.

(A)

_____	_____	_____	_____	_____	_____
Name of Office	Phone #	Hours of Operation			
_____	_____	_____	_____	_____	_____
Physical Address	City	State	Zip	Fax #	
_____	_____	_____	_____	_____	_____
Mailing Address, if different	City	State	Zip	Primary Contact	

(B)

_____	_____	_____	_____	_____	_____
Name of Office	Phone #	Hours of Operation			
_____	_____	_____	_____	_____	_____
Physical Address	City	State	Zip	Fax #	
_____	_____	_____	_____	_____	_____
Mailing Address, if different	City	State	Zip	Primary Contact	

(C)

_____	_____	_____	_____	_____	_____
Name of Office	Phone #	Hours of Operation			
_____	_____	_____	_____	_____	_____
Physical Address	City	State	Zip	Fax #	
_____	_____	_____	_____	_____	_____
Mailing Address, if different	City	State	Zip	Primary Contact	