

Employment Information (please list **primary** office)

Receive correspondence at work address.

Name of Business (*Email within 10 days of employment changes.*) Phone #

Physical Address City State Zip Fax #

Mailing Address, if different City State Zip Website or Business Email Address

If you work for a company with more than one office, please provide home office details as well. **(If you are the 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 501-280-4521. 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, 2024, and June 30, 2025. You must include verification of these CEUs in your renewal packet. If you received your initial license between July 1, 2024 and June 30, 2025, you are not required to provide proof of continuing education units.

(A) Company-sponsored workshops or seminars

Check box if course was taken on the internet.

DATE

SUBJECT MATTER

(B) NHAS or State Society workshops or seminars

DATE

SUBJECT MATTER

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

TITLE

SUBJECT MATTER

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

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

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

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, 2025, to avoid late fees. Licenses are not valid until approved. Allow 4 weeks from date of postmark for hard copy documentation.