

STATE OF ARKANSAS Board of Hearing Instrument Dispensers

HEARING INSTRUMENT DISPENSER ANNUAL LICENSE RENEWAL 2025-2026 APPLICATION

ALL SECTIONS MUST BE COMPLETED IN FULL

Completed application, verification of current calibration sheets for all equipment, 12 hours of approved CEUs, and payment in full (of \$5.00) must be postmarked by *June 30, 2025*. A reply of *"See Attached"* will not be accepted as an answer for ANY QUESTION/FIELD. Failure to provide <u>ANY</u> of these items will result in your application being returned to you, along with a letter of explanation, which may result in delayed processing and late fees. You are advised to submit your renewal packet prior to the June 30, 2025, deadline to ensure prompt processing. Your license is not valid until approved. Please allow 4 weeks from date of postmark for hard copy documentation.

If you are not renewing your license and are applying for inactive status, please complete the <u>Personal</u> Information section, sign and date page 4, and mail in this form.

I am renewing, but I am no longer in the hearing industry. Applying for inactive status (\$3.00 Fee). Personal Information I wish to receive correspondence at my home address. Name of License Holder License # Phone # (*Required*) Home Address City State Zip Email Address (*Required*) (Change of address must be sent by Certified Letter within 10 business days.) **Veteran Information** Are you an active military service member? Yes \Box No \Box Are you a returning military veteran applying for licensure within one year of his or her discharge from active duty? Yes \Box No \Box

Are you the spouse of an active military service member or returning military veteran who is within one year of discharge from active duty? Yes \Box No \Box

Name of Business <i>(Email within 10 days of employment changes.)</i>) Phone #	Phone #		
Physical Address	City	State	Zip	Fax #			
Mailing Address, if different If you work for a company with r owner of the establishment and apply to you, please write "N/	d have multip			home office			
Home Office Address			City	State	Zip		
Home Office Contact Name		Phone	#		Fax #		
of equipment used by you, from to ar.hid.board@arkansas.gov or will be returned and may be sub <i>needed.</i>	panometry in n every offic by phone at 50	e and mobi 01-280-4521	le unit. Pla . Applicati use one f	ease submit ons received	ion are required for <u>every piece</u> any questions about this via email d without the required information fice. <i>Make additional copies as</i>		
Office Address			City		State Zip		

Phone #

Fax #

(A) <u>Audiometer Information</u>

Audiometer Make

Model

Date of Last Calibration

Bone Conduction? (Y/N)

Masking? (Y/N)

Serial Number

Live Speech or Audio File/ Recording

Hours of Operation

	Audiometer Make	Model		Serial Number		
(C)	Date of Last Calibration Tympanometry Informat	Bone Conduction? (Y/N	J) Mas	sking? (Y/N)	Live Speech or Audio File/ Recording	
	Tympanometry Brand	Туре		Serial Numbe	r	
	Date of Last Calibration	_				
(D)	Verification Method:	🗆 Real Ear	Equipmer	nt Used	Serial Number	
				nter the audiometer that is used in sound field		
(E)	Other Testing Equipment					
	Make (and model, if applicable)		Purpose of	f 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. <u>If you received your initial license between July 1, 2024</u> <u>and June 30, 2025, you are not required to provide proof of continuing education units.</u>

(A) Company-spor	nsored workshops or semi	inars	Check box if course was taken on the internet.
DATE	SUBJECT MA	ATTER	
(B) NHAS or Stat	e Society workshops or se	minars	
DATE	SUBJECT M	ATTER	
(C) Profession stu	dy (journals, books, article	es, etc.)	
TITLE		SUBJECT MATTER	
ERTIFY that I have	ve completed the aforeme	entioned training or educational activi	

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. <u>Please submit a copy of the currently used bill of sale or comparable document with your license renewal application.</u>

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? \Box Yes \Box No

Satellite Office Information

Please provide information for each office under your ownership.

(A)

Name of Office	Phone #		F	lours of Operation
Physical Address	City	State	Zip	Fax #
Mailing Address, if different	City	State	Zip	Primary Contact
(B)				
Name of Office	Phone #		Ē	Iours of Operation
Physical Address	City	State	Zip	Fax #
Mailing Address, if different	City	State	Zip	Primary Contact
(C)				
Name of Office	Phone #		Ē	Iours of Operation
Physical Address	City	State	Zip	Fax #
Mailing Address, if different	City	State	Zip	Primary Contact
and a check or money o	cansas Board of He 4815 West Ma	of \$5.00 (re earing Instr	rument D reet, Slot 2	se) or \$3.00(inactive status) to: Dispensers
	later than June 30,	, 2025, to av	void late f	fees. <u>Licenses are not valid until</u> rd copy documentation.