



STATE OF ARKANSAS
Board of Hearing Instrument
Dispensers

**HEARING INSTRUMENT DISPENSER
ANNUAL LICENSE RENEWAL
2026-2027 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 **ed by June 30, 2026**. A reply of ***“See Attached” will not be accepted as an answer for ANY QUESTION/FIELD.*** Failure to provide **ANY** 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, 2026, 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 **Personal 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 No

Are you a returning military veteran applying for licensure within one year of his or her discharge from active duty? Yes No

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 No

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/Audio File/Record

(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, 2025, and June 30, 2026. You must include verification of these CEUs in your renewal packet. *If you received your initial license between July 1, 2025 and June 30, 2026, you are not required to provide proof of continuing education units.*

Check box if course was taken on the internet

(A) Company-sponsored workshops or seminars.

DATE	SUBJECT MATTER	
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>

(B) NHAS or State Society workshops or seminars

DATE	SUBJECT MATTER	
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>

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

TITLE	SUBJECT MATTER	
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>

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, 2026, to avoid late fees. Licenses are not valid until approved. Allow 4 weeks from date of postmark for hard copy documentation.