

STATE OF MAINE

BOARD OF SPEECH, AUDIOLOGY AND HEARING

APPLICATION FOR LICENSURE

- Hearing Aid Dealer & Fitter
- Hearing Aid Dealer & Fitter By Reciprocity



Department of Professional and Financial Regulation
Office of Licensing and Registration
35 State House Station
Augusta, ME 04333-0035

Office Telephone: (207) 624-8626
Office Facsimile: (207) 624-8637
TTY/HEARING IMPAIRED (888) 577-6690
Internet: www.maine.gov/professionallicensing

Office located at: 76 Northern Avenue, Gardiner, Maine

APPLICANT INFORMATION GUIDE

The application material you have requested from the Board of Speech, Audiology and Hearing is enclosed. It contains all the relevant materials you need to complete your application for licensure as a Hearing Aid Dealer and Fitter in the State of Maine. Read all the information carefully. If you have any questions after reading this packet, please call or e-mail our office.

FURNISHED TO APPLICANT:

- Application Guide
- Individual License Application
- Verification of Trainee Practicum Form
- Verification of Licensure Form
- Sample Hearing Aid Purchase Agreement

ADDITIONAL RESOURCES:

- Licensing Law for Hearing Aid Dealers and Fitters,

Please read carefully and review periodically for changes. You are responsible for knowing and complying with all Maine Laws throughout your licensure.

Available: <http://www.mainelegislature.org/legis/statutes/32/title32ch137sec0.html> or call (207) 624-8626

- Licensing Rules Specific to Hearing Aid Dealers and Fitters

Please read carefully and review periodically for changes. You are responsible for knowing and complying with all Board Rules throughout your licensure.

Available: http://www.maine.gov/pfr/professionallicensing/professions/speech_audiology_hearing_aid/laws.htm or call (207) 624-8626

- Licensing Rules for the Department of Professional and Financial Regulation

Please read these carefully and review periodically for changes. You are responsible for knowing and complying with Office of Professional and Occupational Regulation Rules, Chapters 10, 11 and 13, throughout your licensure.

Available: <http://www.maine.gov/sos/cec/rules/02/chaps02.htm#041>

- Statutory Authority, Titles 5 & 10

Available: <http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html>

<http://www.mainelegislature.org/legis/statutes/5/title5ch341sec0.html>

APPLICATION PROCEDURE

- Please submit your application materials to the Department by mail or hand delivery to our offices. Fax submissions will not be accepted. Your application will be reviewed and processed in the order that it was received.
- If there are deficiencies with your application, you will be notified by mail. You may also check the Board's website. It is the responsibility of the applicant to see that all documentation is completed and returned to the department for consideration.
- Please do not call our office regarding the status of your application. Information regarding the status of applications may be found at the Office of Professional and Occupational Regulation's website: http://www.maine.gov/pfr/professionallicensing/license_search.htm. We appreciate your thoughtful attention to this request.

DESCRIPTION OF A LICENSED HEARING AID DEALER AND FITTER:

A licensed Hearing Aid Dealer and Fitter is an individual who meets the board's experience and examination requirements and is granted a license to practice hearing aid dealing and fitting.

The practice of hearing aid dealing and fitting is "the selection, adaptation or sale of hearing aids, or parts of hearing aids; the testing of hearing by means of an audiometer or equivalent measurement of hearing; the making of impressions for ear molds; and hearing aid orientation that includes instruction in use and care of the instrument, information regarding expectations and limitations, information regarding the availability of additional services to meet associated needs, auditory rehabilitation, communication therapy and additional special counseling services and information regarding follow-up services, malfunctioning of hearing aids, mechanical adjustment or repair or remakes of hearing aids or ear molds."

Licensure as a Hearing Aid Dealer and Fitter

There are two (2) pathways to licensure as a Hearing Aid Dealer and Fitter

Pathway 1 (Standard) applications shall include the following:

- A completed and signed Application;
- A completed and signed Verification of Trainee Practicum Form (A trainee permit is required pursuant to §1658-J, whereby the trainee must receive a minimum of 750 hours of training in the practice of fitting and dealing in hearing aids under direct supervision.)
- Training Log;
- Official proof of Passage of the NIHIS Uniform Practical Examination and proof of passage of the International Institute for Hearing Instruments Studies International Licensing Examination (ILE);
- Payment of an Application fee of \$50.00;
- Payment of a Licensure fee of \$110.00; and
- Payment of a Criminal History Check fee of \$21.00.

Note: All fees can be in one payment.

Pathway 2 (Reciprocity) applications shall include the following:

- A completed and signed Application;
- Proof of age. The Board will accept a copy of the applicant's birth certificate, driver's license or other state identification card providing the applicant's date of birth and bearing a photograph;
- A copy of the relevant licensing law and Board rules of the licensing or certifying state of jurisdiction from which you are applying;
- A completed Verification of Licensure Form;
- Payment of an Application fee of \$50.00;
- Payment of a Licensure fee of \$110.00; and
- Payment of a Criminal History Check fee of \$21.00.

Note: All fees can be in one payment.

STATE OF MAINE DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION

Mailing Address: 35 State House Station, Augusta, Maine 04333 **Courier/Delivery address:** 76 Northern Avenue, Gardiner, Maine 04345
Phone: (207) 624-8603 Fax: (207) 624-8637 Hearing Impaired: (888) 577-6690 Web: www.maine.gov/professionallicensing

Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333-0035.
- **Where are you located?** 76 Northern Avenue, Gardiner, Maine.
- **What hours are you open?** 8:00 a.m. to 5:00 p.m. weekdays.
- **Can I come to Gardiner to drop off my application?** Yes. You will not leave with a license, though.
- **Can I come to Gardiner to pick up my license?** No. Your license will be mailed to you.
- **How can I check the status of my application?** You can check our website: www.maine.gov/professionallicensing/license_search.htm.
- **How far back do I go answering the criminal conviction question?** Any conviction, ever.
- **Can I fax my application?** No.

NOTICES

BACKGROUND CHECK: Pursuant to 5 M.R.S.A. §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Professional and Occupational Regulation requires a criminal history records check as part of the application process for all applicants.

PUBLIC RECORD: This application is a public record for purposes of the Maine Freedom of Access Law (1 MRSA §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

SOCIAL SECURITY NUMBER: The following statement is made pursuant to the Privacy Act of 1974 (§7(B)). Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 35 MRSA §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(C)(2)(C)(1)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRSA §191.

Before you seal the envelope, did you:

- Complete every item on the application including the criminal background disclosure question.
- Sign and date your application.
- Include the required fee(s). Make checks payable to "Maine State Treasurer" or complete the credit card section on the application. **DO NOT SEND CASH.**
- Make a copy of your application to keep for your records.

Education

Name of School	Date of Graduation	Major	Degree Awarded

Credentialing History

Have you ever held a professional license/certification/registration in this or any other state/country? [] YES [] NO

If yes:

Profession	License #	State/Country	Date Issued	Expiration Date

Disciplinary History

1. Do you have pending against you any complaints from a regulatory board or professional organization? If yes, please enclose a detailed explanation. [] YES [] NO
2. Have you ever been or are you currently a defendant in a civil proceeding related to your professional activities? If yes, please enclose a detailed explanation. [] YES [] NO

Affirmation

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Professional and Occupational Regulation will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.

SIGNATURE: _____ DATE: _____



Paul R. LePage
Governor

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
Board of Speech, Audiology and Hearing
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

Anne L. Head
Director

VERIFICATION OF TRAINEE PRACTICUM FORM

Trainee Data (To be completed in full by Trainee)		
Name:	License Number:	
Mailing Address:		
City:	State:	Zip Code:
Work Telephone:	Home Telephone:	
Place of Employment During Training Period:		

Supervisor Data (To be completed in full by the Supervisor)		
Name of Licensee:	License Number:	
Mailing Address:		
City:	State:	Zip Code:
Work Telephone:	Home Telephone:	
Name of Business:		
Work Address:		
City:	State:	Zip Code:

OFFICE PHONE: (207)624-8626



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OFFICES LOCATED AT: 76 NORTHERN AVENUE,
GARDINER, MAINE

www.maine.gov/professionallicensing

FAX: (207)624-8637

Training Program Check List

As the licensed supervisor, I attest that the following skills, procedures and knowledge areas have been covered during the training program (initial in space provided):

- _____ Pure-tone air conduction, bone conduction, and speech audiometry with both recorded and live speech
- _____ Masking
- _____ Hearing instrument fittings with actual consumers
- _____ Hearing instrument evaluation including acceptable hearing instrument verification procedures
- _____ Earmold orientation types, uses and terminology
- _____ Earmold impressions and otoscopic examinations of the ear
- _____ Troubleshooting of defective hearing instruments
- _____ Case history with actual consumers
- _____ Study of the Maine law and rules relating to hearing aid dealing and fitting and rules of the Federal Drug Administration and Federal Trade Commission relating to the fitting and dispensing of hearing aids.

Training Log

(To be completed in full by the Licensed Supervisor)

The trainee must maintain a log, which is signed by both the trainee and the licensed supervisor. This log should be submitted with an application for licensure as a hearing aid dealer and fitter or upon request from the Board.

Dates the Licensed Trainee was Under Your Supervision: From: _____ To: _____
month/day/year month/day/year

Affirmation

I hereby certify that the information given above is correct to the best of my knowledge. I further certify that the direct supervision of the trainee was done in accordance with Chapter 5 of Board Rules.

SIGNATURE OF LICENSED SUPERVISOR: _____ DATE: _____

SIGNATURE OF TRAINEE: _____ DATE: _____



Paul R. LePage
Governor

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
Board of Speech, Audiology and Hearing
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

Anne L. Head
Director

VERIFICATION OF LICENSURE FORM

The applicant listed below is applying for licensure in the State of Maine. The Maine Board of Speech, Audiology and Hearing requests written verification from each state that the applicant holds or has held any certification, licensure, or credential. This is your authority to release any information in your files, favorable or otherwise.

The section below is to be completed by the applicant and forwarded with page 2 to the licensing or certifying authority. Any associated fees are the responsibility of the applicant. If verification of licensure is needed for more than one (1) state, please copy form as needed.

Name:		
Mailing Address:		
City:	State:	Zip Code:
License Number:	State:	Date of Issue:
Signature of Applicant:		Date:

The remaining portion is to be completed by the licensing or certifying authority where the applicant holds or has held a license, certification or credential. Upon completion, the licensing or certifying authority should mail the verification directly to the Board at the above address.

Name of Licensee:	Type of License:
License Number:	Status of License: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Expired
Date Issued:	Expiration Date:

OFFICE PHONE: (207)624-8626



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**Maine Board of Speech, Audiology and Hearing
Verification of Licensure (Page 2)**

Licensed by:

- Examination Endorsement/Reciprocity

Are there any pending complaints against this licensee? [] Yes [] No
If yes, please explain:

Have there been any other actions taken against this licensee? [] Yes [] No
If yes, please explain:

Is the licensee considered to be in good standing in your state? [] Yes [] No
If no, please explain:

State Board Seal

Signature: _____

Printed Name: _____

Title: _____

State: _____ Phone Number _____

Date: _____



SAMPLE HEARING AID PURCHASE AGREEMENT

ABC HEARING AID CENTER
123 MAIN STREET
ANYTOWN, MAINE 00000

NOTE: If the seller is financing the purchase of the hearing aid(s), the truth in lending disclosures specified in federal and state law must be made by the seller to the extent required by law.

Purchaser: _____ Address: _____ Phone: _____

Manufacturer: _____ Model #: _____ Serial #(R) _____ (L) _____

Condition: New Used Reconditioned

Selling Price: \$ _____ (conspicuously note initial price less any discount, trade-in allowance or deposit)

30-day Trial Period: A 30-day trial period begins on the delivery date. Within the 30-day trial period, the dealer-licensee shall contact the purchaser and provide any service, fitting or repair that may be necessary for the beneficial and comfortable use of the hearing aid(s). The purchaser has the right to cancel this transaction by so notifying the dealer-licensee within the 30-day trial period. In this event, the dealer-licensee shall make a full refund of the purchase price, less the price of the ear mold(s) (\$ _____) and lab fees (\$ _____), at the time the purchaser returns the hearing aid(s).

60-day Medical Return Period: The purchaser has the right to cancel this transaction by submitting to the dealer-licensee within 60 calendar days from the delivery date a written opinion from a physician or audiologist stating that the hearing aid(s) are not advisable for the purchaser. Upon receipt of the statement and return by the purchaser of the hearing aid(s), the dealer-licensee shall make a full refund of the purchase price, less the price of the ear mold(s) and lab fees shown above.

Terms of service: *[Insert the complete terms of service, including cost of service, what services are available, by whom and for how long such service will be provided, including house or office calls, when applicable, and the terms of after care fitting.]*

Warranty: *[Insert the complete terms of guarantee or warranty, including: (1) the characteristics or properties of the hearing aid or parts of the hearing aid covered by or excluded from the guarantee or warranty, (2) the duration of the guarantee or warranty, (3) the conditions, if any, that the purchaser must fulfill before the guarantor or warrantor must perform the guarantor's or warrantor's obligations, (4) the obligations of the guarantor or warrantor, including obligations as to repair or replacement of hearing aids and refunding of the purchase price or part of the purchase price, and (5) the identity and address of the guarantor or warrantor.]*

If you wish to file a complaint regarding this purchase, contact: Complaint Coordinator, Office of Professional and Occupational Regulation, 35 State House Station, Augusta, ME 04333, tel. (207) 624-8660, web site www.maine.gov/professionallicensing.

<p>AN EXAMINATION OR REPRESENTATION MADE BY A DEALER-LICENSEE IN CONNECTION WITH THE FITTING AND SELLING OF A HEARING AID OR AIDS IS NOT AN EXAMINATION, DIAGNOSIS OR PRESCRIPTION BY AN INDIVIDUAL LICENSED TO PRACTICE MEDICINE IN THIS STATE AND MAY NOT BE REGARDED AS MEDICAL OPINION OR ADVICE.</p>
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Purchaser's Signature: _____ Date: _____

Delivery Date: The purchaser acknowledges actual delivery of the hearing aid(s) on *(insert date)*: _____
(confirm by initialing here): _____

If the hearing aid(s) furnished are different than those described above, specify the manufacturer, model # and serial #s here:

Licensee's Signature: _____ Date: _____

Licensee's Printed Name & License #: _____