GENERAL INFORMATION FOR ALL STUDENT HEARING AID DEALER AND HEARING AID DEALER EXAMINATION APPLICANTS

Submit all applications for licensure in typewritten form or clearly printed, answering each question on the application as accurately as possible.

Include with the application any additional required documentation and a check or money order in the appropriate fee amount made payable to the “Professional Licensing Agency”. All fees are non-refundable and non-transferable.

<table>
<thead>
<tr>
<th>State Fees Schedule:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Application for Student Hearing Aid Dealer Certificate</td>
<td>$ 20.00</td>
</tr>
<tr>
<td>Application for Renewal of Student HAD Certificate</td>
<td>$ 20.00</td>
</tr>
<tr>
<td>Application for Hearing Aid Dealer Examination</td>
<td>$ 60.00</td>
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<tr>
<td>Application for Repeat Examination</td>
<td>$ 60.00</td>
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<tr>
<td>Renewal of Hearing Aid Dealer Certification</td>
<td>$ 40.00</td>
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<tr>
<td>Renewal fee for HAD certificates expired less than 3 years</td>
<td>$ 90.00</td>
</tr>
<tr>
<td>Duplicate Wall Certificate</td>
<td>$ 10.00</td>
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<tr>
<td>Letter of Verification of Certification</td>
<td>$ 10.00</td>
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<tr>
<th>Examination Fee:</th>
<th></th>
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<tbody>
<tr>
<td>Cost of Written Examination</td>
<td>$ 95.00</td>
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</table>

Payment must be in the form of a certified check or money order, made payable to "International Hearing Society," and must be brought with you the day of the examination.

- Your Social Security number is required by the Health Professions Bureau in accordance with IC 4-1-8-1. Disclosure is mandatory; this application cannot be processed without it. Failure to disclose your Social Security number will result in the denial of your application; fees are non-refundable.
• In accordance with 844 IAC 9-3-3, it is the responsibility of the registrant to inform the committee, in writing, of all changes of address for residence and business within ten (10) days of such change. Failure to receive notification of renewal due to failure to notify the committee of a change of address shall not constitute an error on the part of the committee, board, or bureau, nor shall it exonerate or otherwise excuse the registrant holder from renewing such registration.

• Applications will not be reviewed until the Committee office receives all the required documentation. If your file is incomplete due to missing documentation, you will be notified by mail regarding the status of your file two (2) to four (4) weeks after the Bureau receives your application. The status letter will list all documents outstanding from your file.

• In order to assist the staff in the processing of your certification, do not telephone regarding the approval/denial of your application. Do not have someone else call to obtain information on your behalf. Information regarding exam scores and/or denial of your application file will only be given to the applicant in written form. This information will not be given by telephone.

• Any notarized copy of an original document must include a statement from the notary that the notary has seen the original document.

• Hearing Aid Dealer Certificates shall be renewed by June 30 of even-numbered years. An Official License Renewal Notice will be mailed to the certificate holder at least 60-days prior to the expiration date or the certificate.

• You are required to complete 20 hours of continuing education for each renewal period (please see note below*). You may only use credit hours earned in courses that have been approved by the Committee, the American Speech-Language-Hearing Association, or the National Institute for Hearing Instrument Studies.
  *If you are newly certified and have held your certificate for less than 18 months during your first renewal period, you are not required to have continuing education for that renewal period.

• All pending files (incomplete) shall be closed after one year, at which time reapplication will be necessary.

For further information regarding the Committee of Hearing Aid Dealer Examiners, including its examination and meeting schedule, a listing of current Committee members, applications, and the Laws and Rules regulating Student Hearing Aid Dealers and Hearing Aid Dealers, please visit the Committee’s web site at http://www.in.gov/hpb/boards/cihade/.
STUDENT HEARING AID DEALER CANDIDATES

APPLICATION INSTRUCTIONS FOR STUDENT HEARING AID DEALER CERTIFICATE

Student Hearing Aid Dealer Candidates must submit the following:

1. Completed Student Hearing Aid Dealer Certificate Application

2. $20.00 application fee.

STUDENT HEARING AID DEALER (SHAD) INFORMATION

The SHAD registration shall expire one (1) year from the date of its issuance except that at the discretion of the committee the certificate may be reissued for one (1) additional year. Prior to the time of requesting such a renewal, the student and sponsor shall be required to appear before the committee and submit a report outlining the student’s training and practical experience.

The SHAD registration shall set forth the name of the supervising hearing aid dealer and the supervising dealer is responsible for all acts of the student in connection with the fitting and dispensing of hearing aids. The student shall fit or dispense hearing aids only pursuant to the direction of and under the supervision of the supervising hearing aid dealer.

A SHAD registration may be cancelled upon the written request of the responsible hearing aid dealer.

No hearing aid dealer shall employ, commission, engage or otherwise assume the responsibility for more than three (3) SHADs at any one time, unless approved in writing by the board. A SHAD certificate may be cancelled upon the written request of the responsible hearing aid dealer.
EXAMINATION CANDIDATES

APPLICATION INSTRUCTIONS FOR
HEARING AID DEALER EXAMINATION

Examination applicants must submit the following:

1. Completed Application for the Hearing Aid Dealer Examination with $60.00 application fee.

2. Two (2) recent passport type photographs of the applicant, approximately two (2) inches by two (2) inches in size, taken within sixty (60) days of the submission of the application.

3. All applicants must submit proof that they are a high school graduate, have a high school equivalency certificate, or a state of Indiana general education development (GED) diploma. You may also submit transcripts from a college, university, or trade school that has been attended. A notarized copy of your diploma, certificate or GED is required.

4. If you answered “yes” to any questions on pages 2 and 3 of your application, explain fully, including all related details in a signed and notarized statement. Include the violation, location, date, and disposition. Letters from attorneys or insurance companies are not accepted in lieu of your statement.

5. A notarized copy of a marriage certificate or an official affidavit indicating any legal name change, if your name differs from that on any documents.

6. All applicants must submit the Affidavit of Supervision form(s), verifying a registered Hearing Aid Dealer has supervised them.

EXAMINATION INFORMATION

Your admission card and examination information will be mailed approximately two (2) weeks prior to the examination.

A student should endeavor to successfully pass all portions of the hearing aid dealer exam within one (1) year. If the student fails the exam two (2) times, he or she will be required to appear before the committee with his or her sponsor before retaking the exam.

If the student has not successfully completed the exam within one (1) year, he or she may reapply for a student hearing aid dealer certification and must retake all portions of the hearing aid dealer exam successfully in that year to become a hearing aid dealer.
According to 844 IAC 9-3-1 (d), “To be eligible to take the examination, the application must be received no later than forty-five (45) days prior to the date of the examination.”

<table>
<thead>
<tr>
<th>2005 Examinations</th>
<th>Application Deadline</th>
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<tbody>
<tr>
<td>January 19, 2005</td>
<td>December 6, 2004</td>
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<tr>
<td>April 20, 2005</td>
<td>March 7, 2005</td>
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<tr>
<td>July 20, 2005</td>
<td>June 7, 2005</td>
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<tr>
<td>October 19, 2005</td>
<td>September 5, 2005</td>
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**THE FAIR INFORMATION PRACTICE ACT**

In compliance with IC 4-1-6, this agency is notifying you that you must provide the requested information or your application will not be processed. You have the right to challenge, correct, or explain information maintained by this agency. The information you provide will become public record. Your examination scores and grade transcripts are confidential except in circumstances where their release is required by law, in which case you will be notified.

**HEALTH PROFESSIONS BUREAU**

If you have questions concerning the application process, please call 317-234-2057, visit our website at [http://www.in.gov/hpb/boards/cihade/](http://www.in.gov/hpb/boards/cihade/) or e-mail at hpb7@hpb.IN.gov.

If you have any changes to the information you provided during the application process or after you are licensed (i.e. name change, address), be advised that it is your responsibility to update that information with the Health Professions Bureau. To update your name, you must submit proof of change (marriage certificate, legal name change court document, divorce decree) by mail or fax, 317-233-4236. To update your address, you may submit this information by mail, fax, or e-mail.

Revised 10/04