



# APPLICATION FOR THE HEARING AID DEALER EXAMINATION

State Form 50685 (R5 / 2-13)

Approved by State Board of Accounts, 2013

**COMMITTEE OF HEARING AID DEALER EXAMINERS  
PROFESSIONAL LICENSING AGENCY**  
 402 West Washington Street, Room 072  
 Indianapolis, Indiana 46204  
 Telephone: (317) 234-2064  
 E-mail: pla5@pla.IN.gov

\* Your Social Security number is being requested by this state agency in accordance with IC 25-1-5-11. Disclosure is mandatory and this record cannot be processed without it.

FOR OFFICE USE ONLY	
APPLICATION FEE:	
DATE FEE PAID (month, day, year):	
RECEIPT NUMBER:	
CERTIFICATE NUMBER ISSUED:	
DATE LICENSE ISSUED (month, day, year):	

Attach one (1) passport quality photograph here.  
(See instructions.)

**DO NOT WRITE ABOVE THIS LINE**

Taking the entire examination for the first time, including the written exam through the International Hearing Society.

REPEATING THE FOLLOWING PORTIONS:

- |  |   |
|--|---|
| <input type="checkbox"/> Written Examination | <input type="checkbox"/> Medical Oral                   |
| <input type="checkbox"/> Audiometric Oral    | <input type="checkbox"/> Audiometric Response Simulator |
| <input type="checkbox"/> Instrumentation     | <input type="checkbox"/> Ear Impression                 |

The date you previously took the examination (month, day, year): \_\_\_\_\_

Specify the date of the examination you are applying for (month, day, year): \_\_\_\_\_

APPLICANT INFORMATION			
Name of applicant (last, first, middle, maiden)			Social Security number*
Residence address (number and street or rural route, city, state, and ZIP code)			E-mail address
Telephone number ( )	Date of birth (month, day, year)	Place of birth (city and state or country)	
Business address (number and street or rural route, city, state, and ZIP code)			
Telephone number ( )	Website		

**HIGH SCHOOL DIPLOMA, EQUIVALENCY CERTIFICATE OR STATE OF INDIANA  
GENERAL EDUCATIONAL DEVELOPMENT (GED) DIPLOMA GRANTED BY:**

NAME OF SCHOOL	LOCATION OF SCHOOL	DATE OF GRADUATION (month, day, year)

**STUDENT HEARING AID DEALER CERTIFICATE(S)  
LIST YOUR CURRENT AND PAST STUDENT HEARING AID DEALER CERTIFICATE(S)**

CERTIFICATE NUMBER	SPONSOR	DATES HELD (month, day, year)

**LIST ALL DATES YOU HAVE PREVIOUSLY TAKEN THE HEARING AID DEALER EXAMINATION.**


**LIST ALL STATES, INCLUDING INDIANA, IN WHICH THE APPLICANT HAS EVER APPLIED FOR, OR HELD, A CERTIFICATE TO PRACTICE AS A HEARING AID DEALER.**

TYPE OF LICENSE / CERTIFICATE	NUMBER	DATE ISSUED (month, day, year)	CURRENT STATUS

*If your answer is "Yes" to any of the following, explain fully in a signed and notarized statement, including all related details. Include the violation, location, date and disposition. If malpractice, provide name(s) of plaintiff(s). Letters from attorneys or insurance companies are not accepted in lieu of your statement. Falsification of any of the following is grounds for permanent revocation of a license or permit issued pursuant to this application.*

1. Has disciplinary action ever been taken regarding any health license, certificate, registration or permit that you hold or have held?  Yes  No
2. Have you ever been denied a license, certificate, registration or permit to practice any regulated health occupation in any state (including Indiana) or country?  Yes  No
3. Do you have any condition or impairment (including a history of alcohol or substance abuse) that currently interferes, or if left untreated may interfere, with your ability to practice as a hearing aid dealer in a competent and professional manner?  Yes  No
4. Have you ever been convicted of, plead guilty or *nolo contendere* to:
  - A. A violation of any Federal, State or local law relating to the use, manufacturing, distribution or dispensing of controlled substances or drug addiction?  Yes  No
  - B. Any offense, misdemeanor or felony in any state? (Except for minor violations of traffic laws resulting in fines)  Yes  No
5. Have you ever been denied staff membership or privileges in any hospital or health care facility or had such membership or privileges revoked, suspended or subjected to any restrictions, probation or other type of discipline or limitations?  Yes  No
6. Have you ever been admonished, censured, reprimanded or requested to withdraw, resign or retire from any hospital or health care facility in which you have trained, held staff membership or privileges or acted as a consultant?  Yes  No
7. Have you ever had a malpractice judgment against you or settled any malpractice action?  Yes  No

**APPLICATION AFFIRMATION**

I hereby swear or affirm, under the penalties of perjury, that the statements made in this application are true, complete and correct.

Signature of applicant

Date (month, day, year)

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby authorize, request and direct any person, firm, officer, corporation, association, organization or institution to release to the Professional Licensing Agency, or Committee of Hearing Aid Dealer Examiners, any files, documents, records or other information pertaining to the undersigned requested by the Agency, or the Committee, or any of their authorized representatives in connection with processing my application for licensure.

I hereby release the aforementioned persons, firms, officers, corporations, associations, organizations and institutions from any liability with regard to such inspection or furnishing of any such information.

I further authorize the Professional Licensing Agency, or the Committee of Hearing Aid Dealer Examiners, to disclose to the aforementioned persons, firms, officers, corporations, associations, organizations, and institutions any information which is material to my application, and I hereby specifically release the Agency, and the Committee from any and all liability in connection with such disclosures.

A photostatic copy of this authorization has the same force and effect as the original.

**AFFIRMATION**

I hereby swear or affirm, that I have read the above statements and agree to same.

Signature of applicant

Date (month, day, year)

# DESCRIPTION OF EXAMINATION PORTIONS FOR HEARING AID DEALERS

Part of State Form 50685 (R5 / 2-13)

## **WRITTEN EXAMINATION**

This is the first portion of the exam and must be completed successfully before proceeding to the practical portions. The Committee has adopted the International Hearing Society (IHS) examination as the written portion of the examination process and is proctored by an administrator appointed by the Committee. This examination is intended to identify entry-level professionals whose knowledge and clinical skills meet or exceed basic expected professional standards.

## **AUDIOMETRIC ORAL**

This portion of the exam is administered by an audiologist, physician, or hearing instrument specialist and takes approximately twenty (20) to thirty (30) minutes. The subjects covered are basic acoustics, hearing measurement, audiogram configurations, basic anatomy, and physiology of the ear (outer, middle and inner), etiology or causes of hearing loss and hearing aid fitting protocol. Limited interaction with the examiner is allowed.

## **INSTRUMENTATION**

This portion of the exam is supervised by an administrator or member of the Committee. The candidate is given forty-five (45) minutes to evaluate ten (10) hearing instruments and to determine defects or operational malfunctions. The candidate can refer to a list of possible problems and can choose up to two (2) defects for each instrument. Since several people may be taking this portion at the same time, there is no discussion allowed between examinees, although limited questions directed toward the examiner is permitted.

## **MEDICAL ORAL**

This exam section is conducted by an otolaryngologist (ENT physician) or the Chair of the committee. The questions concern determination of medical referral prior to hearing aid fitting, identifying possible ear pathology based on the evaluation of audiograms, "red flag" concerns that indicate physician referral is required and common types of medical treatment for ear pathology.

## **AUDIOMETRIC RESPONSE SIMULATOR**

This portion of the exam is monitored by an administrator or member of the Committee. The audiometer is similar to those used in most offices and the candidate is expected to be able to perform pure tone air and bone conduction and masking when required. Clear instructions as to the operation of the audiometric simulator will be reviewed in detail prior to the exam and the candidate is encouraged to ask questions if unclear as to their assignment. There is no designated time limit for this section, but it should easily be completed within thirty (30) minutes.

## **EAR IMPRESSION**

The candidate is responsible for bringing all necessary materials for taking an ear impression to the exam, including a "subject". If you cannot bring a friend or co-worker, the Committee will make every effort to provide one. This part of the exam is monitored by a Committee member familiar with the procedure and limited questions are permitted. Prior to taking the ear impression, the candidate is expected to follow sanitary procedures. The Committee member monitoring the exam will read general instructions prior to the start and questions are permitted. The impression should be appropriate for a person with a severe hearing impairment. The candidate may take a total of two (2) impressions and pick the one they feel is best.