Professional Licensing Agency
402 West Washington Street
Room W072
Indianapolis, Indiana 46204

Michael R. Pence
Governor of Indiana
Nicholas W. Rhoad
IPLA Executive Director

APPLICATION INSTRUCTIONS

COMMITTEE OF HEARING AID DEALER EXAMINERS

HEARING AID DEALERS LICENSURE PACKET (HAD)

This packet should contain the following information:

1.) (4) pages of instructions and information
2.) A three (3) page application form
3.) A verification of state licensure form
4.) Affidavit of Supervision form(s)

If this packet does not include all of the above documents, please contact the Indiana Professional Licensing Agency at (317) 234-2067 or email us at www.pla.in.gov. **PLEASE NOTE THAT YOU CAN OBTAIN A COPY OF OUR STATUTES AND RULES ON OUR WEBSITE AT http://www.in.gov/pla/had.htm.**

In order to obtain a Hearing Aid Dealer License, you must first have a Student Hearing Aid Dealer Certificate

INSTRUCTIONS AND INFORMATION

Before completing and submitting your application to the Indiana Professional Licensing Agency, please read all instructions and information included with this packet. If you have any questions, please contact the Indiana Professional Licensing Agency at (317) 234-2067 or send an email to pla4@pla.in.gov. For additional information, please visit our website at www.pla.in.gov.

AGENCY ADDRESS

Indiana Professional Licensing Agency
Attn: HAD Committee
402 West Washington Street, Room W072
Indianapolis, IN 46204

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.

MANDATORY DISCLOSURE OF U.S. SOCIAL SECURITY NUMBER

Pursuant to Section 7 of the Privacy Act of 1974, you are hereby given notice that disclosure of your U.S. Social Security number on this application is mandatory for the purpose of complying with IC § 25-1-5-8 and IC § 4-1-8-1 which provide that the Indiana Department of Revenue may obtain Social Security numbers from the Indiana Professional Licensing Agency for tax enforcement purposes. In addition, disclosing such number is mandatory in order for the Committee of Hearing Aid Dealer Examiners to comply with the requirements of the federal National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank 42 U.S.C. §1320(a)-7e(b), 5 USC §552a, 45 CFR Part 60.1, and 45 CFR Part 61.

Failure to disclose your U.S. social security number will result in the denial of your application. Application fees are not refundable and non-transferable (*Outlined in IC 25-1-8-2(e)*).

LICENSURE AS A HEARING AID DEALER (HAD)

****All education and examination requirements must be met in order to be granted registration in Indiana.**

COMPLETION OF THE APPLICATION PROCESS

An application shall be considered abandoned if the applicant does not complete the requirements for registration within one year from the date on which the application was filed. An application submitted subsequent to an abandoned application shall be treated as a new application.

EXAMINATION CANDIDATES FOR HEARING AID DEALERS

Your application for the HAD examination must be approved by the Committee of Hearing Aid Dealer Examiners prior to being approved to sit for the examination. Once approval is granted, information will be mailed to you explaining the registration and scheduling process for the examination. You must pass all portions of the examination in order to be granted registration as a hearing aid dealer.

An applicant who has been approved by the Committee to take the examination must take the examination within one (1) year from the date of the initial Committee approval. If the applicant does not take the examination within one (1) year from the date of the initial Committee approval, the approval will be invalid and the applicant must submit a new application with all required documentation resubmitted. You must complete the examination before your student hearing aid registration expires.

Every applicant must complete the written examination first before they can take the practical portions of the examination. If you fail the exam on the first attempt, you may repeat the failed sections. If you fail on the second attempt, you may be asked to make an appearance before the Committee prior to re-taking the failed portion(s) along with your sponsor. If you do not successfully complete the exam within one (1) year, you may reapply for a SHAD certification and may be required to retake all portions of the hearing aid dealer exam successfully in that year in order to become a hearing aid dealer.

To be eligible to take the examination, the application must be received no later than thirty (30) days prior to the date of the examination.

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

TESTING INFORMATION

The Committee has adopted the International Hearing Society (IHS) examination as the requirement for the written portion of the exam process. The Committee also requires applicants to pass all portions of the practical exam given by the Committee. The practical exam includes 5 sections: Audiometric Oral, Instrumentation, Medical, Audiometric Response Simulator, and Ear Impressions.

PLEASE NOTE: You must first have held a student hearing aid dealer registration (SHAD) at the time of applying for a hearing aid dealer certificate (HAD).

***See requirements for Student Hearing Aid Dealer Certificate (SHAD)**

The results of the written examination are forwarded to the Indiana Professional Licensing Agency within two to four weeks. Candidates that have passed all portions of the exam will be issued registrations within one week of receiving the scores.

TESTING ACCOMMODATION REQUEST

If you have a disability, which may require some special accommodations in taking this examination, please inform us in writing.

LICENSURE AS A HEARING AID DEALER (HAD)

APPLICATION

Mail completed application along with all required documentation listed below to Indiana Professional Licensing Agency:

AFFIDAVIT

If you answer "Yes" to any of the three (3) questions on the application, you must explain fully in a signed and **notarized** affidavit, meaning an explanation or statement of facts and or events, including all related details. Describe the event including location, date, and disposition. Letters from attorneys or insurance companies are not accepted in lieu of your statement.

APPLICATION FEE

Applicants must submit a sixty-dollar ($60) application/issuance fee to the Indiana Professional Licensing Agency. This fee may be submitted by cash, check or money order**.** Please make your check or money order payable to the "Professional Licensing Agency" or "IPLA". **ALL FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE**.

PHOTOGRAPH

Applicants must submit one (1) photograph, approximately 2 x 3 inches, head and shoulders view of the applicant only, black and white or color, of professional quality. Polaroid type or laminated cards will be accepted.

EDUCATION

Applicants must possess at least a **High School Diploma, High School Equivalency Certificate, or State of Indiana General Educational Development Diploma (GED)**. You may submit an official transcript from the college, university or trade school from which you obtained the degree, or a notarized copy of your diploma, certificate, or GED showing that all requirements for graduation have been met and the date the degree was conferred.

SUPERVISION

Applicants are required to submit an affidavit of supervision, on the form supplied by the Committee, showing proof of the student's training and/or the sponsor's supervision. The affidavit should include the name of the sponsor (registered hearing aid dealer), the weeks supervised, and the hours supervised each month.

Supervision will only be counted if the sponsor and student were present in the same work setting and the supervision entailed direct and regular observation and instruction of the student hearing aid dealer by the sponsoring hearing aid dealer.

NAME CHANGE

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

APPLICATION/FORMS CHECKLIST FOR HAD EXAMINATION CANDIDATES

____ Four (3) page application form

____ One (1) photograph

____ $60 Application/Issuance Fee

____ Official or Notarized Copy of Your High School Diploma or Equivalent

____ Affidavit of Supervision Form(s)

____ Verification of State Licensure/Certification Form