

## REQUIREMENTS FOR LICENSE - HEARING AID DEALERS AND FITTERS

Access this form via website at: [www.hawaii.gov/dcca/areas/pvl](http://www.hawaii.gov/dcca/areas/pvl)

### EDUCATION REQUIRED

All applicants are required to **ATTACH** a photocopy of high school diploma or high school transcript or a statement from the Department of Education certifying that the equivalent of a high school education has been completed. In the alternative, **submit** a copy of diploma from an accredited college. If the diploma is not in English, please refer to the section entitled "DOCUMENTS IN A FOREIGN LANGUAGE" (below) for more information.

### DOCUMENTS IN A FOREIGN LANGUAGE

ALL DOCUMENTS must be in English. Documents that are in a foreign language must be translated in English. The translator must be someone other than the applicant and sign the translation. **Attach** the original translation and the affidavit.

**Example of translator's affidavit:** The following is an **example** of a translator's affidavit and contains all of the elements required.

"I swear that I am competent in both the English language and the \_\_\_\_\_ language (language of the document) and that this is a true and complete translation of the foreign language original."

### EXAMINATION AND FILING DEADLINE

All applicants must pass the written examination of the International Hearing Society. **The passing score is determined by the IHIS.**

The examination is given on Oahu.

A completed application, fee and all supporting documents **must be received in the department's office at least sixty days before the date of the examination.** Incomplete and/or irregular applications will not be accepted and will delay processing. Further, incomplete and/or irregular applications may cause the applicant to miss the filing deadline.

UNSUCCESSFUL EXAM APPLICANTS AND APPLICANTS WHO DO NOT APPEAR FOR A SCHEDULED EXAM ARE REQUIRED TO APPLY FOR RE-EXAM.

**Postponement or withdrawal from exam:** Written requests must be received by the department before exam preparations are made (*approximately 3 weeks before exam*).

### ENDORSEMENT OF LICENSES IN ANOTHER STATE OR JURISDICTION

A license through endorsement may be granted to applicants who hold **CURRENT** licenses in another state or jurisdiction that are in good standing, **provided that the program's requirements, at the time you were licensed in that state, are equivalent or higher than Hawaii's.**

**In addition** to the application, fee, and proof of high school graduation or equivalent, you must:

- 1) **Request** a "Verification of License – Hearing Aid Dealers & Fitters" form (Form HDF-05) be completed by the states where you are licensed and have them send it directly to Hawaii. Complete the "Applicant Section" and send the form to your out-of-state agency.  
NOTE: Some states charge a fee for this service. Contact your out-of-state agency for fee information.
- 2) **Submit** a copy of the laws and rules that were in effect at the time that you became licensed in the state or jurisdiction you are relying upon for endorsement. This information must include general information about the exam that you passed in order to be licensed in that state, such as exam content outline, approximate percentage of items focused on each area, required passing score, exam structure (for example, was the exam paper and pencil only or did it include a practical aspect).

### APPLICATION FORM

Complete the **attached** application form. Print **LEGIBLY** in black ink and sign the application.

**Failure to provide all the requested information will delay the processing of your application.**

**SOCIAL SECURITY NUMBER**

Your social security number is used to verify your identity for licensing purposes and for compliance with the below laws. For a license to be issued you must **provide your social security number or your application will be deemed deficient and will not be processed further.**

The following laws require that you furnish your social security number to our agency:

FEDERAL LAWS:

**42 U.S.C.A. §666(a)(13)** requires the social security number of any applicant for a professional license or occupational license be recorded on the application for license; and

If you are a licensed health care practitioner, **45 C.F.R., Part 61, Subpart B, §61.7** requires the social security number as part of the mandatory reporting we must do to the Healthcare Integrity and Protection Data Bank (HIPDB), of any final adverse licensing action against a licensed health care practitioner.

HAWAII REVISED STATUTES ("HRS"):

**§576D-13(j), HRS** requires the social security number of any applicant for a professional license or occupational license be recorded on the application for license; and

**§436B-10(4) HRS** which states that an applicant for license shall provide the applicant's social security number if the licensing authority is authorized by federal law to require the disclosure (and by the federal cites shown above, we are authorized to require the social security number).

**FEES**

Exam Applicants - Remit 2 payments:

- 1. A money order made payable to "IIHIS" ..... \$95.00

If you do not submit a money order for the appropriate amount, your payment will be returned to you and you will not be able to sit for the examination.

- 2. A check or money order made payable to "Commerce and Consumer Affairs" for:  
Application Fee (non-refundable) ..... \$30.00

Endorsement Applicants - Remit a money order or check made payable to "Commerce & Consumer Affairs":

- 1. Application fee \$30 (nonrefundable) **AND**

- 2. If license will be issued in:

EVEN-numbered year - \$190 (*license-\$30, CRF-\$110, 1/2 renewal-\$50*)

ODD-numbered year - \$85 (*license-\$30, CRF-\$55*)

**NOTE:** *One of the numerous legal requirements that you must meet in order for your new license to be issued is the payment of fees as set forth in this application. You may be sent a license certificate before the payment you sent us for your required fees is honored by your bank. If your payment is dishonored, you will have failed to pay the required licensing fee and your license will not be valid, and you **may not** do business under that license. Also, a \$25.00 service charge shall be assessed for payments that are dishonored for any reason.*

*The Compliance Resolution Fund (CRF) was established by the 1982 Legislature (§26-9(m), Hawaii Revised States) to expedite resolution of consumer complaints filed with the Department of Commerce and Consumer Affairs. Assessment amounts are based on the services rendered in resolving complaints. Assessment is due for the issuance of a new license as well as for the renewal of a license.*

*If for any reason you are denied the license you are applying for, you may be entitled to a hearing as provided by Title 16, Chapter 201, Hawaii Administrative Rules, and/or Chapter 91, Hawaii Revised Statutes. Your written request for a hearing must be directed to the agency that denied your application, and must be made within 60 days of notification that your application for a license has been denied.*

**ISSUANCE OF LICENSE**

If you are a candidate for license by examination, upon passing the exam, license fees will be due and you will be notified at that time.

**MAIL APPLICATION TO**

Mail application, fee and supporting documents to:

Deliver to office location at:

*Hearing Aid Dealers and Fitters  
DCCA, PVL Licensing Branch  
P.O. Box 3469  
Honolulu, HI 96801*

**or**

*335 Merchant St., Room 301  
Honolulu, HI 96813*

*Phone: (808) 586-3000*

## Instructions for "Yes" Answers to Questions (5) through (6) of the Application for License (HDF-01)

The following documentation must be submitted with the license application. Applications for license will not be considered without this material.

1. Questions 5 and 6 refer to complaints, charges of unlicensed activity, or pending disciplinary actions for any profession, occupation, or license. If your answer is "yes" to one or more of these questions, read paragraph "B" below, **AND** you must **submit** the following:
  - i. A statement signed by you explaining the circumstances; and
  - ii. Copies of any documents from the agency, including final orders, petitions, complaints, findings of fact and conclusions of law, and any other relevant documents;
2. If your application indicates a criminal conviction, you must **submit** the following:
  - i. A statement signed by you explaining the circumstances leading to the conviction and detailing all activities since the conviction, including employment and business involvements. Include job title, period of employment, employer's name, description of duties, training attended, and educational courses attended.
  - ii. A copy of the court order, verdict, and terms of sentence; and
  - iii. If applicable, a copy of the terms of probation and/or parole and a notarized statement from your probation or parole officer as to your compliance with the court orders;
  - iv. A current criminal history record check in your name, which you may obtain from the Hawaii Criminal Justice Data Center. Contact the Department of the Attorney General, Hawaii Criminal Justice Data Center, Kekuanao'a Building, 465 S. King Street, Rm. 101, Honolulu, HI 96813. Ph: (808) 587-3100 or visit their website at: [www.hawaii.gov/hcjdc](http://www.hawaii.gov/hcjdc) to request a "Criminal History Record Check" form.

**Note:** If your criminal conviction occurred in a state or states other than Hawaii, a current criminal history record check will be required from each state **AND** Hawaii. Contact the local authority or board in each state for their forms, instructions and fees on obtaining criminal history record checks.

### LAWS AND RULES PUBLICATION

A copy of the Hearing Aid Dealers and Fitters laws, Chapter 451J, HRS, and rules Chapter 83, HAR may be obtained by submitting a written request to: *DCCA, Commerce & Consumer Affairs, P.O. Box 3469, Honolulu, HI 96801*. Chapter 436B, Hawaii Revised Statutes, the Professional and Vocational Licensing Act should be read in conjunction with Chapter 451J and Chapter 83.

The laws and rules are also posted on our website at: [www.hawaii.gov/dcca/areas/pvl](http://www.hawaii.gov/dcca/areas/pvl). Click on "Hearing Aid Dealers and Fitters". Then click on "Statute/Rule Chapter" on the right-hand side of the page.

### APPLICANTS WITH SPECIAL NEEDS

If you are requesting special testing arrangements due to a disability, call (808) 586-2711 immediately to obtain a Disability Certification Form which must be completed by an approved professional, and submitted preferably prior to your exam application, but no later than the exam filing deadline. Determination of qualification for special testing arrangements will then be made and if so, the type of special testing arrangements to be provided.

No action will be taken to provide special testing arrangements until your exam application has been approved.

### MAINTAINING YOUR LICENSE

All licenses are subject to renewal on or before December 31 of each odd-numbered year regardless of license issuance date. Licenses are subject to renewal on or before the license expiration date. Inform the department of any changes within thirty days of the change.

**ABANDONMENT OF APPLICATION**

Pursuant to HRS §436B-9 your application shall be considered abandoned and shall be destroyed if you fail to provide evidence of continued efforts to complete the licensing process for two consecutive years. The failure to provide evidence of continued efforts includes but is not limited to: (1) failure to submit any required information and documents requested by the licensing authority within two consecutive years from the last date the documents and information were requested, or (2) failure to complete any additional requirements for licensure that remain after approval of your application, such as attempting to complete an exam requirement, within two consecutive years from the date your application was approved, or (3) failure to provide the licensing authority with any written communication during two consecutive years indicating that you are attempting to complete the licensing process. If an application is deemed abandoned the applicant shall be required to reapply for licensure and comply with the licensing requirements in effect at the time of the reapplication.

# APPLICATION FOR LICENSE - HEARING AID DEALERS AND FITTERS

Read instructions on the attached sheet before completing this form.

APPROVED DENIED Initials/Date:

Legal Name (First, Middle)		(LAST)
Residence Address (Include Apt. No., City, State and Zip Code)		
Mailing Address (ONLY If different from residence)		
Social Security No.		Phone No. (days)
Other Names Used		
Method of Licensure:	Month of Exam applying for:	
<input type="checkbox"/> Exam	JULY <input type="checkbox"/>	
<input type="checkbox"/> Endorsement	DECEMBER <input type="checkbox"/>	
Attach money order for \$95		

FOR DEPARTMENT USE ONLY

License No. HA-	Effective Date
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Circle answers. If response is "Yes" to questions 5 to 6, refer to the instructions for additional documents that must be submitted with this application.

- 1) Are you at least 18 years of age? ..... YES NO
- 2) Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? ..... YES NO
- 3) Do you have a high school diploma or the equivalent of a high school education? ..... YES NO  
If "yes", is verification attached? ..... YES NO
- 4) Have you ever applied for the Hearing Aid exam in Hawaii before? ..... YES NO  
If "yes", give MONTH & YEAR \_\_\_\_\_
- 5) Do you hold or have you ever held a license in Hawaii or in another jurisdiction? ..... YES NO
  - a. Has any license/certificate/registration ever been suspended, revoked, or otherwise subject to disciplinary action? ..... YES NO
  - b. Are there any disciplinary actions pending against you? ..... YES NO
- 6) In the past 20 years have you ever been convicted of a crime in which the conviction has not been annulled or expunged? ..... YES NO

LICENSES IN ANOTHER STATE OR JURISDICTION	Name of State(s)	License Number	Date Issued	Indicate method of licensure (written and practical exam, no exam, endorsement, written only)	Current?	a) Has any license ever been suspended revoked or otherwise subject to disciplinary action? b) Are there any disciplinary actions pending against you?
						YES NO
					YES NO	a) YES NO <i>If response "yes", explain on a separate sheet.</i> b) YES NO <i>If response "yes", explain on a separate sheet.</i>

INTENDED BUSINESS ADDRESS	Upon issuance of license, how do you intend doing business and for whom?	
	<input type="checkbox"/> SELF-EMPLOYED: dba (trade name) _____  at (business location): _____ Phone: _____	<input type="checkbox"/> EMPLOYEE OF: Name and Address c/o _____ of Employer: _____  Phone: _____

**AFFIDAVIT OF APPLICANT:**

I hereby certify that the answers and statements contained in this application and the documents attached are true and correct. I understand that any misrepresentation is grounds for refusal or subsequent revocation of license and is a misdemeanor (Section 710-1017, Sections 436B-19 and 451A-13 Hawaii Revised Statutes). I also certify that I have read and will abide by the provisions of Chapter 451A, Hawaii Revised Statutes, and Chapter 83, Hawaii Administrative Rules.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Applicant

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

Appl.....	275 .....	\$30
Lic .....	277 .....	\$30
CRF.....	279 .....	\$55/110
1/2 Ren .....	270 .....	\$50
Service Charge .....	BCF .....	\$25

**VERIFICATION OF LICENSE – HEARING AID DEALERS & FITTERS**

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State of Hawaii  
Hearing Aid Dealers & Fitters  
P. O. Box 3469  
Honolulu, HI 96801

**TO BE COMPLETED BY APPLICANT:**

<b>APPLICANT</b>	Name (First, Middle)	(LAST)	Social Security No.	
	Address (Include apt. no., city, state and zip code)		Other Names Used	
			License Number	Date Issued
<p>I hereby authorize the licensing agency of _____ to furnish the information below to the State of Hawaii Hearing Aid Dealer &amp; Fitter Program.</p> <p>Date _____ SIGN HERE _____</p>				

**TO BE COMPLETED BY LICENSING AGENCY:**

<b>LICENSING AGENCY</b>	<p>This is to certify that the above-named individual was issued license number _____ to practice as a Hearing Aid Dealer.</p> <p>Date issued: _____</p> <p>Date license/certificate expires: _____</p> <p>License status: [ ] current                  [ ] lapsed since: _____                  [ ] inactive since: _____</p> <p>Individual was licensed by: [ ] Examination                  [ ] State Constructed                  [ ] National                  [ ] Endorsement                  [ ] Waiver</p> <p>Has this certificate ever been encumbered in any way (revoked, suspended, surrendered, limited, placed on probation, currently pending disciplinary action, being investigated)? ..... [ ] YES [ ] NO  <i>(Please explain yes response and attach copy of board's order and related information.)</i></p> <p>Do your files contain any derogatory information on this applicant? ..... [ ] YES [ ] NO  <i>(Please explain yes response and attach copy of board's order and related information.)</i></p>			
	<p>Signature: _____</p> <p>Title: _____</p> <p>State: _____</p> <p>Date: _____</p>		<p><b>BOARD SEAL</b></p>	
	<p><b>TO THE APPLICANT:</b>     <u><b>Attach</b></u> original with board's seal to your application form, <u>or</u> the licensing agency may send directly to the Department.</p>			

THIS FORM MAY BE DUPLICATED.