



APPLICATION FOR THE HEARING AID DEALER EXAMINATION

State Form 50685 (R11 / 10-17)

Approved by State Board of Accounts, 2017

**COMMITTEE OF HEARING AID DEALER EXAMINERS
PROFESSIONAL LICENSING AGENCY**
 402 West Washington Street, Room 072
 Indianapolis, Indiana 46204
 Telephone: (317) 234-2067
 E-mail: pla4@pla.IN.gov
 www.pla.IN.gov

- INSTRUCTIONS:**
1. The fee for this application is \$60.00, payable to the Indiana Professional Licensing Agency, in accordance with 844 IAC 9-1-1.
 2. Completed application and fees should be mailed to the address listed in the upper right hand corner of this form.
 3. All fees are non-refundable and non-transferable.
 4. Please refer to the instructions on our website, www.pla.in.gov, for the licensing requirements.

* Your Social Security number is being requested by this state agency in accordance with IC 4-1-8-1. Disclosure is mandatory and this record cannot be processed without it.
 ** This information is being requested for workforce statistical purposes only; disclosure is voluntary.

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

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

DO NOT WRITE ABOVE THIS LINE

- Already licensed as an audiologist in Indiana.
 Taking the entire examination for the first time, including the written exam through the International Hearing Society.

REPEATING THE FOLLOWING PORTIONS:

- Written Examination Medical Oral
 Audiometric Oral Audiometric Response Simulator
 Instrumentation 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*
Date of birth (month, day, year)	Place of birth (city, state or foreign country)	
Address (number and street or rural route, city, state, and ZIP code)		
Telephone number (daytime) ()	E-mail address (required)	
Gender** <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity**	Race**
Business address (number and street or rural route, city, state, and ZIP code)		
Telephone number ()	Website	
Pursuant to IC 12-32-1-5 and IC 12-32-1-6, I swear under the penalty of perjury that: (Please select one of the following.) <input type="checkbox"/> I am a United States Citizen. <input type="checkbox"/> I am a qualified alien (as defined under 8 U.S.C. § 1641).		
Are you the spouse of a member of the military who is assigned to a duty station in Indiana? (Optional) <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you an active duty member of the military? (Optional) <input type="checkbox"/> Yes <input type="checkbox"/> No

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)

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 <i>(month, day, year)</i>	CURRENT STATUS

If your answer is "Yes" to any of the following, explain fully in a sworn affidavit, including all related details, and provide copies of all relevant arrest or court documents. Describe the event including the location, date and disposition. Falsification of any of the following is grounds for permanent revocation of the 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 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 in a competent and professional manner? Yes No
4. *Except for minor violations of traffic laws resulting in fines, and arrests or convictions that have been expunged by a court,*
 - (1) have you ever been arrested; Yes No
 - (2) have you ever entered into a prosecutorial diversion or deferment agreement regarding any offense, misdemeanor, or felony in any state; Yes No
 - (3) have you ever been convicted of any offense, misdemeanor, or felony in any state; Yes No
 - (4) have you ever pled guilty to any offense, misdemeanor, or felony in any state; or Yes No
 - (5) have you ever pled *nolo contendere* to any offense, misdemeanor, or felony in any state? 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 <i>(month, day, year)</i>
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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 <i>(month, day, year)</i>
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DESCRIPTION OF EXAMINATION PORTIONS FOR HEARING AID DEALERS

Part of State Form 50685 (R11 / 10-17)

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

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. Thirty (30) minutes will be given for this portion of the exam.

INSTRUMENTATION

The candidate is given thirty (30) 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

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

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. Thirty (30) minutes will be given for this portion of the exam.

EAR IMPRESSION

The candidate is responsible for bringing all necessary materials for taking an ear impression to the exam, including a "subject". 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.