



New Jersey Office of the Attorney General

Division of Consumer Affairs
State Board of Medical Examiners
Hearing Aid Dispensers Examining Committee
1400 Broad Street, P.O. Box 511
Trenton, New Jersey 08646
(609) 392-1100

Licensure By Examination Checklist

Please complete and return this checklist with your application. Indicate a (√) mark if the item is being submitted with the application or if the request for information has been complied with. Indicate “N/A” if not applicable in your situation. Documentation you have asked others to send directly to the Committee may be indicated by a brief note: i.e. “Will be sent directly from the State of New York.”

- Completed **notarized** application
- One (1) passport-size (approximately 2” x 2”) professional quality photograph (**no home-made Polaroids**) taken within sixty (60) days of submitting the application. Sign the reverse side and indicate the date it was taken.
- FEES:**
Upon submission of your application an invoice will be provided to pay any fees online. This is also payable via check or money order to the **State of New Jersey** to the address above.
- If you hold or have ever held a professional license, certificate, or permit of any kind in New Jersey, any other state, the District of Columbia or any other jurisdiction, you must request a verification of your license in good standing be sent to us. This must be primary source verification, preferably via email at: HearingAidCmte@dca.njoag.gov or to the mailing address above.
- Graduates from an accredited college/university with a masters’s degree in audiology awarded after January 1, 1993, are required to submit an official transcript.
- Certification and Authorization Form for a Criminal History Background Check. Please submit the completed form with your application.

Attach a clear, full-face passport-style photograph (2"x 2") of your head and shoulders, taken within the past six months.

A photo is required with each application.

Do not use staples to attach the photo.



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Division of Consumer Affairs
State Board of Medical Examiners
Hearing Aid Dispensers Examining Committee
140 East Front Street, 3rd Floor, P.O. Box 183
Trenton, New Jersey 08625
(609) 826-7100

Application for Temporary License

Date: _____

Please enclose a nonrefundable application filing fee of \$50.00 in the form of a check or money order made out to the State of New Jersey. (Applicants should understand that if the fees are paid with a personal check, and the check is returned by the bank due to insufficient funds, the next step in the licensure or certification process will be delayed until the fees are paid.) You also will be required to pay a certification fee at a later date.

The Division is precluded by law from disclosing to the public the place of residence of licensees or applicants, without their consent. However, you are required to provide an address that may be released to the public in our directories or in response to other requests (by putting a check in the appropriate box). If you provide your place of residence as your public address of record, we will assume that you have consented to have that address be disclosed. If you do not consent to the disclosure of your place of residence, you should provide an address of record other than your place of residence that may be released to the public. One of your addresses must include a street, city, state and ZIP code.

Information that you provide on this application (including your address of record) may be subject to public disclosure as required by the Open Public Records Act (OPRA).

Please print clearly. You must answer all of the questions on this application.

Personal Information

Date of birth: _____
Month Day Year

Place of birth: _____
City State

1. Name Mr. Mrs. _____ (_____)
 Ms. Last name First name Middle initial Maiden name

2. Address Home: _____
Street or P.O. Box City State ZIP code County

Telephone number (include area code) E-mail address

Business: _____
Name of company Telephone number (include area code)

Street City State ZIP code County

Mailing: _____
Street or P.O. Box City State ZIP code County

3. Social Security Number

You **must** provide your Social Security number to the Board or Committee. Failure to do so will result in denial/nonrenewal of licensure or certification.

*Social Security Number: _____ - _____ - _____

*Pursuant to N.J.S.A. 54:50-24 et seq. of the New Jersey taxation law, N.J.S.A. 2A:17-56.44e of the New Jersey Child Support Enforcement Law, Section 1128E(b)(2)A of the Social Security Act and 45 C.F.R. 60.7,60.8 and 60.9, the Board or Committee is required to obtain your Social Security number. Pursuant to these authorities, the Board or Committee is also obligated to provide your Social Security number to:

- a. the Director of Taxation to assist in the administration and enforcement of any tax law, including for the purpose of reviewing compliance with State tax law and updating and correcting tax records;
- b. the Probation Division or any other agency responsible for child support enforcement, upon request; and
- c. the National Practitioner Data Bank and the H.I.P. Data Bank, when reporting adverse actions relating to health care professionals.

4. Citizenship / Immigration Status

Federal law limits the issuance or renewal of professional or occupational licenses or certificates to U.S. citizens or qualified aliens. To comply with this federal law, check the appropriate box below which indicates your citizenship/immigration status. If you are not a U.S. citizen, attach a copy of your alien registration card (front and back) or other documentation issued by the office of U.S. Citizenship and Immigration Services (USCIS).

- U.S. citizen
- Alien lawfully admitted for permanent residence in U.S.
- Other immigration status

Questions about your immigration status and whether or not it is a qualifying status under federal law should be directed to the USCIS at: 1-800-375-5283.

5. Child Support

Please certify, under penalty of perjury, the following:

- a. Do you currently have a child-support obligation? Yes No
 - (1) If "Yes," are you in arrears in payment of said obligation? Yes No
 - (2) If "Yes," does the arrearage match or exceed the total amount payable for the past six months? Yes No
- b. Have you failed to provide any court-ordered health insurance coverage during the past six months? Yes No
- c. Have you failed to respond to a subpoena relating to either a paternity or child-support proceeding? Yes No
- d. Are you the subject of a child-support-related arrest warrant? Yes No

In accordance with N.J.S.A. 2A:17-56.44d, an answer of "Yes" to any of the questions a(1) through d will result in a denial of licensure or certification. Furthermore, any false certification of the above may subject you to a penalty, including, but not limited to, immediate revocation or suspension of licensure or certification.

Applicant's name (please print)
Applicant's signature
Date

6. Illegal Use of Controlled Dangerous Substances

The question below pertains to the illegal use of controlled dangerous substances. Please read the definitions carefully. Your responses will be treated confidentially and retained separately. Please be aware that you have the right to elect not to answer this question if you have reasonable cause to believe that answering may expose you to the possibility of criminal prosecution. In that event, you may assert the Fifth Amendment privilege against self-incrimination. Any claim of Fifth Amendment privilege must be made in good faith. If you choose to assert the Fifth Amendment, you must do so in writing. You must fully respond to all other questions on the application. Your application for licensure or certification will be processed if you claim the Fifth Amendment privilege against self-incrimination. You should be aware, however, that you may later be directed by the Attorney General to answer a question that you have refused to answer on the basis on the Fifth Amendment, provided that the Attorney General first grants you immunity afforded by statutory law, (N.J.S.A. 45:1-20).

“Currently” does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one’s functioning as a licensee, or within the previous 365 days, whichever is longer.

“Illegal use of controlled dangerous substance” means the use of a controlled dangerous substance obtained illegally (e.g. heroin or cocaine) as well as the use of controlled dangerous substances which are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

- a. Are you currently engaged in the illegal use of controlled dangerous substances? (As stated above, “currently” is defined as “recently enough... [to] have an ongoing impact...” or “within the previous 365 days,” whichever is longer.)

Yes No

If you answered “Yes,” are you currently participating in a supervised rehabilitation program or professional assistance program that monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances?

Yes No

Applicant’s signature

Date

7. Have you ever changed your name? Yes No
 If "Yes," please submit with this application a copy of the marriage certificate, divorce decree or court order.
8. Have you ever been summoned; arrested; taken into custody; indicted; tried; charged with; admitted into pre-trial intervention (P.T.I.); or pled guilty to any violation of law, ordinance, felony, misdemeanor or disorderly persons offense, in New Jersey, any other state, the District of Columbia or in any other jurisdiction? (Parking or speeding violations need not be disclosed, but motor vehicle violations such as driving while impaired or intoxicated must be.) Yes No
9. Have you ever been convicted of any crime or offense under any circumstances? This includes, but is not limited to, a plea of guilty, non vult, nolo contendere, no contest, or a finding of guilt by a judge or jury. Yes No

If "Yes," provide a copy of the judgment of conviction and the release from parole or probation. Please provide a complete explanation. (Attach additional sheets of paper to this application.)

10. Do you currently hold, or have you ever held, a professional license, certificate or permit of **any** kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No
 If "Yes," for each license, certificate or permit held, provide the date(s) held and the number(s). If the license or certificate was issued under a different name, please provide that name.

		Last name	First name	Middle initial
Type of license, certificate or permit	Number	State or jurisdiction that issued the license, certificate or permit		Date issued/expired
Type of license, certificate or permit	Number	State or jurisdiction that issued the license, certificate or permit		Date issued/expired
Type of license, certificate or permit	Number	State or jurisdiction that issued the license, certificate or permit		Date issued/expired
Type of license, certificate or permit	Number	State or jurisdiction that issued the license, certificate or permit		Date issued/expired
Type of license, certificate or permit	Number	State or jurisdiction that issued the license, certificate or permit		Date issued/expired

11. Have you ever been disciplined or denied a professional license, certificate or permit of any kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No
12. Have you ever had a professional license, certificate or permit of any type suspended, revoked or surrendered in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No
13. Has any action (including the assessment of fines or other penalties) ever been taken against your professional practice by any agency or certification board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No
14. Have you ever been named as a defendant in any litigation related to any prior practice as a hearing aid dispenser, or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No
15. Are you aware of any investigation pending against a professional license, certificate or permit issued to you by a professional board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No
16. Are there any criminal charges now pending against you in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No
17. Have you ever been sanctioned by or is any action pending before any employer, association, society, or other professional group related to any prior practice as a hearing aid dispenser, or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No

If the answer to any of the above questions, numbers 11 through 17, is "Yes," provide a complete explanation of the circumstances leading to the action, and any supporting documentation, on separate sheets of paper.

18. Indicate which of the following you have completed in order to qualify for licensure:

- Completion of a college curriculum in hearing aid selection and fitting.

Name of school : _____

Dates attended: _____

Arrange for the school at which you completed the curriculum in hearing aid selection and fitting to forward a transcript directly to the Hearing Aid Dispensers Examining Committee.

- Completion of a master's degree in audiology at a college or university accredited by the American Speech Language Hearing Association.

Name of school : _____

Dates attended: _____

Arrange for the school at which you completed a master's degree in audiology to forward a transcript directly to the Hearing Aid Dispensers Examining Committee.

SPONSOR AFFIDAVIT

I, _____, will act as Sponsor for _____.

(Print name of Sponsor) (Print name of training permit applicant)

I understand that I am responsible for providing the applicant with training and supervision and that the applicant shall not sell, fit or dispense hearing aids or engage in the potential fitting or dispensing of hearing aids except in my physical presence.

Name of Sponsor (please print)

Signature of Sponsor

Sponsor's New Jersey License Number

AFFIDAVIT OF GOOD MORAL CHARACTER

This affidavit is to be executed before a notary public:

State of: _____

County of: _____

} ss.

I, _____, am personally acquainted with _____
Name of applicant
and not related by blood or marriage to the applicant. I have known the applicant _____ . I hereby attest that the applicant is
Years/Months
of good moral character and repute.

Name: _____

Address: _____

Signature: _____

Sworn and subscribed to before me this _____

day of _____, _____
Month Year

Name of Notary Public (please print)

Signature of Notary Public



Official Use Only

Dual License

License Type 1

Applicant's Number

License Type 2

Applicant's Number



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P.O. Box 183

Trenton, New Jersey 08625

(609) 826-7100

Official Use Only

Resubmit

Board or Committee

**CERTIFICATION AND AUTHORIZATION FORM
FOR A CRIMINAL HISTORY BACKGROUND CHECK**

Directions: Answer all of the questions on this form.

1. Name Mr. Mrs. Ms. _____ (_____)
Last First Middle Maiden Name

2. Address _____
Street or P.O. Box City State ZIP code

3. Date of birth ____/____/____ Sex: Male Female
Month Day Year

4. Social Security number _____/_____/_____

5. Have you completed the fingerprinting process for any **Board or Committee of the New Jersey Division of Consumer Affairs** since November 2003? Yes No

If "No," you will receive a separate mailing from the Board or Committee regarding the criminal history record background check process. No payment is necessary as of now.

If "Yes," please provide the following information and follow the instructions outlined below:

Board or committee requiring the fingerprinting

Month and year you were fingerprinted

If you were fingerprinted after November 2003 as part of the criminal history background process for licensure or certification by any other **Board or Committee of the New Jersey Division of Consumer Affairs** (a background check conducted for the Department of Education, another state agency or another state does not apply) you will not be required to be fingerprinted a second time. However, the Division must perform a criminal history background check each time you apply for licensure or certification. **The fee for this service is \$18.75.** Payment should be made in the form of a check or money order payable to the State of New Jersey and should accompany your application packet.

6. Have you ever been arrested and/or convicted of a crime or offense? (Minor traffic offenses such as a parking or speeding violations need not be listed.) Yes No

Every such conviction on record must be disclosed. A true copy of every police report, judgment of conviction, sentencing order and termination of probation order, if applicable, **must** be submitted with this form. Any documents (including employer or supervisor letters of reference, if applicable) which present clear and convincing evidence of rehabilitation **must** be submitted with this form. **Failure to follow these instructions may result in the denial of an initial application.**

Note: Copies of judgments, sentencing and termination of probation orders may be obtained from the clerk of the county where those orders, disposing of the conviction, were issued and filed.

Your continuing responsibility to disclose convictions of crimes or offenses: You **must** notify the Board or Committee within five (5) business days if you are convicted of any crimes or offenses after this form has been completed.

Continuation on the reverse side ➡

CERTIFICATION

I, _____, in making this application to the Board or Committee for certification or licensure, certify that I am the applicant and that all of the information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny certification or licensure or to withhold renewal of or suspend or revoke a certificate or license issued by the Board or Committee.

I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for certification or licensure. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board or Committee.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Signature of applicant

Date

WAIVER

I hereby authorize all institutions, my references, employers past and present, business and professional associations, and all private, personnel and government agencies or instrumentalities (local, state, federal and foreign) to release to the Hearing Aid Dispensers Examining Committee, any information which is material to my application.

I have carefully read the questions in this application and have answered them completely, without reservations of any kind, and declare under penalty of perjury that my answers and all statements made by me herein are true and correct and that I am the person referred to in this application.

Should I intentionally furnish any false information in this application, I hereby agree that such acts shall constitute cause for denial, suspension or revocation of my license to practice as an Hearing Aid Dispenser in the State of New Jersey.

I have read the above and understand the same.

Signature of applicant

Sworn and subscribed to before me this _____

day of _____, _____
Month Year

Name of Notary Public (please print)

Signature of Notary Public

Affix Seal Here