New Jersey Office of the Attorney General
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

Temporary Licenses and Training Permits Renewal Application

Date: _____

Please enclose a nonrefundable application filing fee of $20.00 in the form of a check or money order made out to the State of New Jersey.

Applicant's name: _____
Last name First name Middle initial

Name of sponsor: _____
Last name First name Middle initial

Name of business: _____

Business address: _____
Street City State ZIP code County

Business telephone number: _____
(include area code)

Please renew this permit pursuant to N.J.S.A. 45:9A-16b and N.J.A.C. 13:35-8.1 through 8.17.

Applicant's signature: _____ Date: _____

Sponsor's signature: _____ Date: _____

(For Office Use Only)

Certified check/Money order: $ _____.

Training Permit number: _____ is renewed.

The new expiration date is _____.

IMPORTANT

If you are changing sponsor and/or location, enclosed is a Sponsor's Affidavit form which must be completed and returned to the above address.

DO NOT MAIL SPONSOR'S AFFIDAVIT IF SPONSOR HAS NOT CHANGED.

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Hearing Aid Dispensers Examining Committee
Sponsor's Affidavit
Please complete and return this affidavit with the completed application.

☐ I hereby affirm that I am currently licensed and registered to practice hearing aid dispensing in New Jersey. I have been actively practicing in New Jersey continuously since _____. Pursuant to N.J.S.A. 45:9A-16b, N.J.A.C. 13:35-8.3 and N.J.A.C. 13:35-8.6, I hereby agree to assume full responsibility for the supervision and training of _____ upon receipt of a Training Permit, in the requisite skills, methods and techniques so as to insure competency in the fitting and dispensing of hearing aids. The applicant will train ☐ FULL TIME ☐ PART TIME* at my business location. I will assume full responsibility for and guarantee the trainee's activities in the selling, testing, fitting and dispensing of the hearing aids.

☐ Pursuant to N.J.S.A. 45:9A-16a and N.J.A.C. 13:35-8.5 and 8.6, I will assume full responsibility for and guarantee the temporary license of _____ and his/her supervision, training and activities in the selling, fitting and dispensing of hearing aids.

_____ Business Name

_____ Telephone number (include area code)

_____ Street Address City State Zip Code

The firm's Supervising Licensee's name (N.J.A.C. 13:35-8.8)

_____ Name

_____ License number

The sponsor **must enclose** copies of his/her original N.I.H.I.S. certificates indicating the completion of a minimum of 20 continuing education course hours during the **PREVIOUS BIENNIAL REGISTRATION PERIOD**.

_____ Sponsor's Signature

_____ Date

_____ License Number

Sworn and subscribed to before me this

day of _____ , _____
Month Year

_____
Name of Notary Public (please print)

_____
Signature of Notary Public

Affix Seal Here