



New Jersey Office of the Attorney General

Division of Consumer Affairs
State Board of Medical Examiners
Hearing Aid Dispensers Examining Committee
400 State Street, 4th Floor, P.O. Box F8H
Trenton, New Jersey 08646
(609) 884-1100

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.



New Jersey Office of the Attorney General

Division of Consumer Affairs

State Board of Medical Examiners

Hearing Aid Dispensers Examining Committee

140 Front Street, 3rd Floor, P.O. Box 183

Trenton, New Jersey 08625

(609) 826-7100

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