

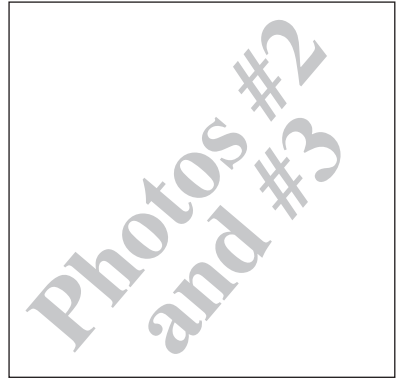
Attach three clear, full-face pass-  
port-style photographs (2" x 2") of  
your head and shoulders, taken  
within the past six months.

Three photographs are required  
with each application.

Do not use staples to attach the  
photographs.



**New Jersey Office of the Attorney General**  
Division of Consumer Affairs  
State Board of Medical Examiners  
Hearing Aid Dispensers Examining Committee  
124 Halsey Street, 6th Floor, P.O. Box 45038  
Newark, New Jersey 07101  
(973) 504-6331



## Application for Training Permit

Date: \_\_\_\_\_

Please enclose a nonrefundable application filing fee of \$50.00, along with a \$50.00 fee for a training permit, 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. Student Loan

Are you in default in regard to any student loan obligation(s)?  Yes  No

If “Yes,” you must obtain documentary evidence that you have reached an arrangement with the bank or with the entity that issued your student loan, for the eventual repayment of the loan. You will not be able to obtain a license or certificate unless you provide the required documents concerning there plan for repayment of your student loan.

6. 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

7. Medical Conditions Questions

Questions a through f pertain to medical conditions and use of chemical 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 those portions of the following questions which inquire as to the illegal use of controlled dangerous substances or activity 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 of the Fifth Amendment, provided that the Attorney General first grants you immunity afforded by statutory law. (N.J.S.A. 45:1-20.)

For the purposes of these questions, the following phrases or words have the following meanings:

**“Ability to practice as a hearing aid dispenser”** is to be construed to include all of the following:

- a. The cognitive capacity to exercise the reasonable judgments of a hearing aid dispenser, and to learn and keep abreast of professional developments; and
- b. The ability to communicate those judgments and related information to patients and other interested parties, with or without the use of aids or devices, such as voice amplifiers; and
- c. The physical capability to perform the duties of a hearing aid dispenser, with or without the use of aids or devices, such as corrective lenses or hearing aids.

**“Medical Condition”** includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, H.I.V. disease, tuberculosis, drug addiction and alcoholism.

**“Chemical substance”** is to be construed to include alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber’s direction, as well as those used illegally.

**“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 two years.

**“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. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety?  Yes  No
- b. Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program\*\*?  Yes  No  Not applicable
- c. Are the limitations or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting or manner in which you have chosen to practice?  Yes  No  Not applicable
- d. Does your use of chemical substance(s) in any way impair or limit your ability to practice your profession with reasonable skill and safety?  Yes  No  Not applicable
- e. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism?  Yes  No
- f. Are you currently engaged in the illegal use of controlled dangerous substances? (Recall that “currently” is defined as “within the last two years.”)  Yes  No

If you answered “Yes” to question f, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances?  Yes  No

\*\* If you receive such ongoing treatment or participate in such a monitoring program, the Committee will make an individualized assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition so as to determine whether an unrestricted license or certificate should be issued, whether conditions should be imposed or whether you are not eligible for licensure or certification.

8. 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.
9. 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

10. 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.)

11. 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

12. 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
13. 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
14. 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
15. 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
16. 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
17. 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
18. 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 12 through 18, is "Yes," provide a complete explanation of the circumstances leading to the action, and any supporting documentation, on separate sheets of paper.

# AFFIDAVIT OF GOOD MORAL CHARACTER

**This affidavit is to be executed before a notary public:**

} *ss.*

State of: \_\_\_\_\_

County of: \_\_\_\_\_

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



# 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**



**New Jersey Office of the Attorney General**

Division of Consumer Affairs  
State Board of Medical Examiners  
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124 Halsey Street, 6th Floor, P.O. Box 45038  
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(973) 504-6331

**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 here by 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 ensure 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)

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\_\_\_\_\_

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





**Official Use Only**

Dual License

License Type 1

Applicant's Number

License Type 2

Applicant's Number



**New Jersey Office of the Attorney General**

Division of Consumer Affairs

State Board of Medical Examiners

Hearing Aid Dispensers Examining Committee

P.O. Box 45038

Newark, New Jersey 07101

(973) 504-6331

**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 \$22.55.** 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.

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Signature of applicant

---

Date