## Hearing Aid Specialist Application for Licensure



Board of Hearing Aid Specialists P.O. Box 6330

**Tallahassee, FL 32314-6330** 

Website: www.floridashearingaidspecialists.gov Email: info@floridashearingaidspecialists.gov

Phone: (850) 245-4292 Fax: (850) 413-6982







Are you an active duty member of the United States Armed Services?

Are you a veteran of the United States Armed Services?

Are you the spouse of a veteran of the United States Armed Services?

Are you the spouse of an active member of the United States Armed Services?

If you answered "Yes" to any of these questions, you may qualify for a reduction in your application fees. You can find information about the Florida Department of Health's commitment to serving members and veterans of the United States Armed Forces and their families online at

http://www.flhealthsource.gov/valor







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Pursuant to Rule 64B6-3.001(2), Florida Administrative Code, the license fee must be post-marked within 90 days of the notification of licensure eligibility or your eligibility certification becomes null and void and you must reapply for licensure. Your eligibility notice is the date listed on the Official Score.

Hearing Aid Specialist (3601) \$325.00

Total fee of \$325.00 includes the following:

Licensure Fee \$320.00 Unlicensed Activity Fee \$5.00

Fees must be paid in the form of a cashier's check or money order, made payable to the Department of Health.

## 1. PERSONAL INFORMATION

Name:			Date of Birth:		
Last/Surname	First		Middle	MM/DD/YYYY	
Mailing Address: (The ad	ddress where mail and you	ır license should be	e sent)		
Street/P.O. Box			Apt. No.	City	
State	ZIP	Country	<del></del>	Home/Cell Telephone (Input without dashes)	
Physical Location: (Req	uired if mailing address is a	a P.O. Box- This a	ddress will b	e posted on the Department of Health's website)	
Street (Place o	of Employment)		Apt. No.	City	
State	ZIP	Country		Work/Cell Telephone (Input without dashes)	
Guidelines on Employee S	at you furnish the following	) 43 CFR 38295 ar	nd 38296 (A	luntary compliance with Section 60-3, Uniform ugust 25, 1978). This information is gathered for acy for licensure.	
Gender: Male Female	Race: Native Hawaiian American Indian Two or More Ra	or Alaska Native		Hispanic or Latino White Black or African American Asian	
	to be notified via email you			e "Yes" box and fill in your email address on the ng your email regularly and updating your email	
☐ Yes	☐ No Email Ad	ldress:			
				address released in response to a public records dontact the office by phone or in writing.	

I recognize that providing false information may result in disciplinary action against my license <u>pursuant to s.</u> <u>456.072, F.S.</u>, or criminal penalties pursuant to section 456.067, 775.082,—and 775.083, and 775.084, Florida Statutes (F.S.)

Florida law requires me to immediately inform the board of any material change in any circumstances or condition stated in the application which takes place between the initial filing and the final granting or denial of the license and to supplement the information on this application as needed.

Section 456.013(1)(a), F.S, provides that an incomplete application shall expire one year after the initial filing with the department.

Applicant Signature You may print out the application and sign it or sign digitally. Date MM/DD/YYYY