

Hearing Aid Specialist Application for Licensure



**Board of Hearing Aid Specialists
P.O. Box 6330**

Tallahassee, FL 32314-6330

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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>



I recognize that providing false information may result in disciplinary action against my license pursuant to s. 456.072, F.S., 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