LICENSE APPLICATION INFORMATION SHEET

To apply for initial (non-reciprocity) licensure, you will need to submit the materials described below:

(1) **Notarized License Application:** The application includes a form that must be completed by the Massachusetts-licensed Hearing Instrument Specialist who supervised the required one (1) year full-time or equivalent part-time, apprenticeship.

(2) **International Hearing Society Home Study Course Certificate:** A copy of your International Hearing Society Home Study Course certificate of completion.

(3) **Application Fee:** A check or money order for $130.00, made payable to the Commonwealth of Massachusetts.

To prevent any delay in the processing of your application, these materials should be submitted in a single package. Completed applications should be submitted to the Board at the address noted on the application.

After the Board has received your application and determined that you are eligible to take the exam, you will be contacted by International Hearing Society (‘‘HIS’’). IHS will provide testing information and instructions on how to pay for and take the exam. The exam fee is $255.00.

Once you have taken the exam, IHS will notify the Board of your score. If you have passed, the Board will contact you to request a check or money order for an additional $130.00. This is the licensing fee and is only collected if you have achieved a passing score.

Upon receipt of the licensing fee, a license will be issued. If you have not passed, you will be notified by the Board.

In addition to the application information outlined above, all applicants should be aware of the following:

(1) If you are not currently a Board-registered apprentice, do not submit an application. Instead, please contact the Board at (617) 727-5339 for further instructions.

(2) Apprentices who work in excess of the normal work day or work week are still required to complete the full, one (1) year term in order to qualify for a certificate of completion of the apprenticeship program.

(3) Any applicant who had more than one (1) apprenticeship supervisor must complete the “Certification of Apprenticeship” statement in the application for each instructor. However, applicants need only sign and notarize one (1) page of the application.

Finally, all applicants are advised that the laws and regulations governing licensure may be found at M.G.L. c. 112, §§ 61-65, 196 – 198, and 265 CMR 2.00 - 10.00. An unofficial version of the regulations is available online through the “Statutes and Regulations” page of the Board’s website. Official copies of the Board’s regulations may be obtained from the State Bookstore, located at the Massachusetts State House, Room 166, Boston, MA 02133.
Application for License as a Hearing Instrument Specialist in Massachusetts

Application Fee: $130.00
(Note: an additional licensing fee of $130.00 will be required upon passage of the licensing exam)

1. Applicant Name: ________________________________________________________________
   Last First Middle

2. Maiden Name (if applicable): ______________________________________________________

3. Permanent Address: ______________________________________________________________
   Street Apt. #
   ______________________________________________________________
   City/Town State Zip Code

4. Mailing Address (if different): ______________________________________________________
   Street Apt. #
   ______________________________________________________________
   City/Town State Zip Code

5. Home Phone Number: ______________________________________________________________

6. E-mail address: ______________________________________________________________
   Please note: EMAIL will be the primary means of contact for routine correspondences during the application process.

Please attach a recent passport size photo (2”x 2”) here.
7. Business Name & Address: _________________________________________________

   Street

   City/Town     State     Zip Code

8. Business Phone Number: _____________________________________________________


10. Social Security Number (mandatory): ________________________

   Pursuant to G.L.c.62C, s 47A, the Division of Professional Licensure is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue will use your social security number to ascertain whether you are in compliance with the tax laws of the Commonwealth of Massachusetts. The first five-digits of the social security number will be redacted from your application for your protection.

11. List any licenses/certifications you hold in the United States or any country or foreign jurisdiction, and the state/jurisdiction from which the license/certification was originally issued. Please attach a certificate of standing from each state or jurisdiction in which you are licensed/certified, indicating the type/class and the status of your license and any relevant disciplinary information.

   ___________________________________________________________________________

   ___________________________________________________________________________

   ___________________________________________________________________________

12. Attach a list of all business names, addresses, dates, and telephone numbers where you are currently practicing or you are in business with in any manner that is connected with this profession.

13. Has a licensing/certification or regulatory agency located in the United States or any country or foreign jurisdiction taken any disciplinary action against you?

   Yes:_____   No:_____

   If yes, please state the details (attach a separate sheet if necessary):

   ___________________________________________________________________________

   ___________________________________________________________________________

   ___________________________________________________________________________
14. Are you the subject of pending disciplinary actions by a licensing/certification board or regulatory agency located in the United States or any country or foreign jurisdiction?

Yes:_____  No: _____

If yes, please state the details *(attach a separate sheet if necessary)*:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________


15. Have you ever voluntarily surrendered or resigned a professional license to a licensing/certification board or regulatory agency in the United States or any country or foreign jurisdiction?

Yes:_____  No: _____

If yes, please state the details *(attach a separate sheet if necessary)*:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________


16. Have you ever applied for and been denied a professional license in the United States or any country or foreign jurisdiction?

Yes:_____  No: _____

If yes, please state the details *(attach a separate sheet if necessary)*:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________


17. Have you ever been convicted of a felony or misdemeanor in the United States or any country or foreign jurisdiction, other than a traffic violation for which a fine of less than $100.00 was assessed?

Yes:_____  No: _____

If yes, please state the details *(attach a separate sheet if necessary)*:

____________________________________________________________________________________

____________________________________________________________________________________
18. Education: List name of school(s), address, major courses, dates attended, and any degree(s) awarded.

High School: ________________________________________________________________

College or University: ______________________________________________________

Other: ___________________________________________________________________

19. List licensed Hearing Instrument Specialist(s) with whom you apprenticed under in Massachusetts (if apprenticed under more than one sponsor, please list them all). Please submit a signed Certification of apprenticeship sheet for each:

Name and License Number: ____________________________________________________

Name and License Number: ____________________________________________________

I certify, under the pains and penalties of perjury, that the information I have provided pursuant to this application for licensure is truthful and accurate. I understand that the failure to provide accurate information may be grounds for the Board of Registration to deny my application or to suspend or revoke a license issued to me. I further attest that, pursuant to G.L. c.62C, §49A, to the best of my knowledge and belief, I have filed all Massachusetts tax returns and paid all Massachusetts taxes required by law.

ADDITIONALLY, The Board has received certification by the Criminal History Systems Board (ID# MAREG G) to access data about convictions and pending criminal cases. Your signature on this application allows the Board to conduct criminal background checks for conviction, non-conviction, and pending criminal case information only, on an ongoing basis, and that it will not necessarily disqualify you from licensure (or later license renewal). Other Federal and professional records may also be checked. The Board will not deny you a license (license renewal) based on criminal information prior to giving you an opportunity for a limited appearance before the Board.

Signature of Applicant

ID THEFT INDEX PIN\(^1\): __________

NOTARIZATION

On this ___ day of __________, 20__, before me,____________________ the undersigned notary public, personally appeared ________________________ (name of document signer), proved to me through satisfactory evidence of government issued identification, which was ________________________, to be the person whose name is signed on the preceding or attached document in my presence.

______________________________ Notary’s signature

______________________________ Seal of Notary

\(^1\) Only applicable if the individual has been enrolled in the NCIC Identity Theft File by the CHSB
Certification of Apprenticeship

Please submit a separate Certification of Apprenticeship for each sponsor

I, ____________________________________, certify that _____________________________________

Hearing Instrument Specialist Lic# Name of Applicant

served as a Hearing Instrument Specialist under my supervision at ______________________________.

Name of Business

located at _______________________________________, from ________________________________

Business Address Start Date

to ____________________________ and completed _______________and is qualified to be

Completion Date Weekly Hours

licensed as a Hearing Instrument Specialist. I attest that the above statement is true and is made under

the pains and penalties of perjury.

___________________________________________
Signature of Hearing Instrument Specialist Lic# Day Telephone Number