

**Commonwealth of Massachusetts**  
**Division of Professional Licensure**  
**Board of Registration of Hearing Instrument Specialists**

**APPLICATION INFORMATION SHEET FOR**  
**APPRENTICE HEARING INSTRUMENT SPECIALIST**

**Requirements to apply:**

1. 18 years of age, minimum; holds a high school diploma or equivalent proof of high school education.
2. Supervisor must be a licensed hearing instrument specialist or a licensed audiologist in good standing with that board of licensure.
3. Fill out an application form developed by the Massachusetts Board of Hearing Instrument Specialists. The application may be obtained from the website ([www.mass.gov/dpl/boards/he](http://www.mass.gov/dpl/boards/he)) or by calling the board office at (617) 727-1945.
4. Attach a 2X2 passport photo to the application
5. Application completely filled out, notarized, and \$66.00 check or money order.

**Other Information:**

The apprentice term will be one year of full time or the equivalent of part time as specified in MGL c 112198 and 265 CMR 4.00. If the apprentice does not complete the hourly equivalent of 1 year of apprenticeship (2,080 hours) within 18 months, the apprentice may petition the board for an extension. Failure to complete 2,080 hours is the only circumstance under which the Board may grant an extension. Any extension granted is only valid until the apprentice completes 2,080 hours of work.

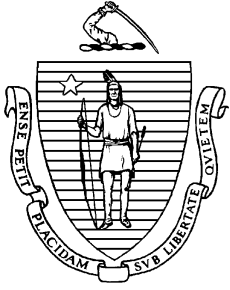
During the apprenticeship, the apprentice must complete an International Hearing Society Home Study Course and submit proof of passing prior to taking the next available licensure exam scheduled by the board. You may obtain information concerning this course by contacting Int. Hearing Soc. at (734) 522-7200.

\*\*\* YOU MAY OBTAIN A COPY OF 265 CMR AT THE STATE HOUSE BOOKSTORE OR BY CALLING (617) 727-2834. There is a nominal fee involved.\*\*\* We suggest you get a copy to be assured of compliance with the rules and regulations of the profession.

You may also access the regulations online at: <http://www.mass.gov/dpl/boards/he>

Send the completed **Apprentice** application with the \$66.00 fee to the address below.

**Division of Professional Licensure**  
**Board of Hearing Instrument Specialists**  
**1000 Washington Street, Suite 710**  
**Boston, MA 02118**



Commonwealth of Massachusetts  
**Division of Professional Licensure**  
**Board of Registration of Hearing Instrument Specialists**  
1000 Washington Street, 7<sup>th</sup> Floor  
Boston MA 02118  
(617) 727- 1945  
[www.mass.gov/dpl/boards/he](http://www.mass.gov/dpl/boards/he)

**Application for Apprenticeship**

**Application Fee: \$66.00**

*Please attach a recent passport size photo (2"x 2") here.*

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.**

7. Business Name & Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City/Town State Zip Code

8. Business Phone Number: \_\_\_\_\_

9. Date of Birth: \_\_\_\_\_

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. 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*):

\_\_\_\_\_

13. 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*):

\_\_\_\_\_

14. 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*):

\_\_\_\_\_

15. 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*):

\_\_\_\_\_

16. 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*):

\_\_\_\_\_

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

High School: \_\_\_\_\_

College or University: \_\_\_\_\_

Other: \_\_\_\_\_

18. List licensed Hearing Instrument Specialist(s) or Audiologist(s) with whom you are apprenticing in Massachusetts (*if apprenticing under more than one sponsor, please list them al on separate sheets signed by each sponsor*).

Sponsor Name and License #: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

*Street*

*City/Town*

*State*

*Zip Code*

Apprenticeship Start Date: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Sponsor (Hearing Instrument Specialist or Audiologist)      Date**

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.

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**Signature of Applicant**

**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

**BOARD OF REGISTRATION OF HEARING INSTRUMENT SPECIALISTS  
CRIMINAL OFFENDER RECORD INFORMATION (CORI)  
ACKNOWLEDGEMENT FORM**

The Division of Professional Licensure by itself and on behalf of boards of registration pursuant to M.G.L. c. 13, §9 [hereinafter, "Division of Professional Licensure"] is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective license applicants and current licensees.

As a license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the Department of Criminal Justice Information Services ("DCJIS"). I hereby acknowledge and provide permission to the Division of Professional Licensure to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the Division of Professional Licensure written notice of my intent to withdraw consent to a CORI check.

**FOR LICENSING PURPOSES ONLY:**

The Division of Professional Licensure may conduct subsequent CORI checks within one year of the date this Form was signed by me. If subsequent CORI checks are necessary, the Division of Professional Licensure will provide me with written notice of the subsequent CORI checks.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Please provide the name of the board of registration and license type for which you are applying or currently hold:*

\_\_\_\_\_  
Board of Registration

\_\_\_\_\_  
License Type

**NOTE: DPL CANNOT ACCEPT THIS TWO-PAGE CORI ACKNOWLEDGMENT FORM UNLESS IT IS EITHER (1) SIGNED IN PERSON AT THE BOARD'S OFFICES IN THE PRESENCE OF A DPL EMPLOYEE WHO HAS VERIFIED THE APPLICANT'S IDENTITY THROUGH ACCEPTABLE IDENTIFICATION, OR (2) SIGNED IN THE PRESENCE OF A NOTARY PUBLIC WHO HAS LIKEWISE VERIFIED IDENTITY AND THEN MAILED OR OTHERWISE DELIVERED TO THE BOARD'S OFFICES AT THE ADDRESS SET FORTH ABOVE.**

**SUBJECT INFORMATION:** (A red asterisk (\*) denotes a required field)

\_\_\_\_\_  
\*Last Name                                      \*First Name                                      Middle Name                                      Suffix

\_\_\_\_\_  
\*Maiden Name (or other name(s) by which you have been known)

\_\_\_\_\_  
\*Date of Birth                                      Place of Birth

\*Last Six Digits of Your Social Security Number: \_\_\_\_\_ - \_\_\_\_\_

Sex: \_\_\_\_\_      Height: \_\_\_\_\_ ft. \_\_\_\_\_ in.      Eye Color: \_\_\_\_\_

Driver's License or ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Current and Former Addresses:

\_\_\_\_\_  
Street Number & Name                                      City/Town                                      State                                      Zip

\_\_\_\_\_  
Street Number & Name                                      City/Town                                      State                                      Zip

**IDENTITY VERIFICATION SECTION: If this form is submitted by hand at DPL Offices, Section A must be completed. Otherwise, Section B must be completed.**

**SECTION A: VERIFICATION BY DPL EMPLOYEE:** I hereby certify that I verified the identity of the above-referenced subject by reviewing the following form(s) of government-issued identification:<sup>1</sup>

- Passport     State-issued driver's license     Military identification     State-issued identification card

VERIFIED BY: \_\_\_\_\_  
Name of Verifying DPL Employee (Please Print)

\_\_\_\_\_  
Signature of Verifying DPL Employee                                      Date

**SECTION B: VERIFICATION BY NOTARY:**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_ (name of document signer), and proved to me through satisfactory evidence of identification, which was the following:<sup>1</sup>

- Passport     State-issued driver's license     Military identification     State-issued identification card

to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

\_\_\_\_\_  
Notary Public:                                      Notary Commission Expires On

<sup>1</sup> If a subject does not have an acceptable government-issued identification, his or her identity shall be verified by other forms of documentation as determined by DCJIS. 803 CMR 2.09(2).