

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

**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.

You may submit the application as soon as you have completed the Home Study course and the 150 hour directly supervised practicum. This will allow you to be approved for the exam prior to the end of your apprenticeship.

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 (“IHS”). IHS will provide testing information and instructions on how to pay for and take the exam. The exam fee is \$255.00.

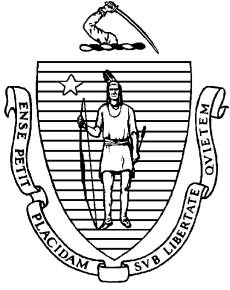
Once you have taken the exam, IHS will notify the Board of your score. The Board will contact you to let you know whether you have passed. No other information about your test will be released.

Once you pass the exam and after you have submitted proof of completion of your apprenticeship along with all other application materials, Board staff will contact you to request a check or money order for an **additional \$130.00**. This is *the licensing fee and is only collected once you are ready to be licensed*. Upon receipt of the licensing fee, a license will be issued.

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.



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 License as a Hearing Instrument Specialist in  
Massachusetts**

**Application Fee: \$130.00**

(Note: an additional  
licensing fee of \$130.00  
will be required upon  
final approval of this  
application.)

*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. 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*):

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**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*):

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**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*):

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**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*):

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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.

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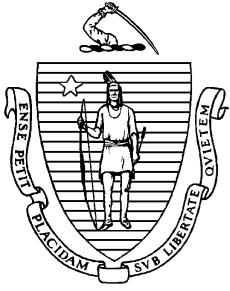
**Signature of Applicant**

**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



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- 5339

[www.mass.gov/dpl/boards/he](http://www.mass.gov/dpl/boards/he)

**Certification of Apprenticeship**

Please submit a separate Certification of Apprenticeship for each sponsor. Please only submit this certification if the apprenticeship is completed. Certificates submitted after the application will be added to the file.

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*

**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).