



Jay Nixon
Governor
State of Missouri

Kathleen (Katie) Steele Danner, Division Director
DIVISION OF PROFESSIONAL REGISTRATION

Department of Insurance
Financial Institutions
and Professional Registration
John M. Huff, Director

BOARD OF EXAMINERS FOR HEARING INSTRUMENT SPECIALISTS
3605 Missouri Boulevard
P.O. Box 1335
Jefferson City, MO 65102-1335
573-751-0240
573-526-3856 FAX
800-735-2966 TTY Relay Missouri
800-735-2466 Voice Relay Missouri
<http://www.pr.mo.gov>

Dana K. Fennewald
Executive Director

MEMORANDUM

TO: MISSOURI LICENSED SUPERVISORS AND HEARING INSTRUMENT SPECIALISTS IN TRAINING

FROM: DANA K. FENNEWALD

SUBJECT: HEARING INSTRUMENT SPECIALISTS RULE CHANGE

Enclosed you will find a copy of the changes to 20 CSR 2165.2.010 Hearing Instrument Specialist in Training (Temporary Permit) which became effective in July 2009.

20 CSR 2165-2.010 (8) states:

- “As part of the training of a hearing instrument specialist in training, s/he shall attend classes that would be approved for a licensee to renew his/her license under 20 CSR 2165-2.050.
- (A) Three (3) hours of such training shall be completed every six (6) months.
- (B) A person in training less than six (6) months need not complete such training.
- (C) Proof of completion of such training shall be attached to the attestation form completed by the registered supervisor.”

It is important for supervisors and hearing instrument specialists in training to understand and to make certain that they are in compliance with 20 CSR 2165-2.010. If proof of completion for training is submitted that does not meet the requirements outlined in 20 CSR 2165-2.050, it can not be accepted by the Board. The Hearing Instrument Specialist in Training will be required to obtain approved training hours to obtain licensure in Missouri.

If you have any questions regarding this requirement, you may wish to contact our office. You may also access the Board’s website at www.pr.mo.gov to view the Practice Act and Rules.



STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
REGISTRATION OF SUPERVISION – Licensed HIS

BOARD OF EXAMINERS FOR HEARING
 INSTRUMENT SPECIALISTS

FOR OFFICE USE ONLY

1. All sections must be completed. Additional information may be attached on a separate sheet of paper. **This form must be typewritten or printed in black ink.**
2. Return completed applications to:
 Board of Examiners for Hearing Instrument Specialists
 Post Office Box 1335
 Jefferson City, Missouri 65102
 Telephone: (573) 751-0240 FAX: (573) 526-3856 TDD: (800) 735-2966
3. Fee for Registration of Supervision is \$75.00.

NUMBER

DATE RECEIVED

APPLICANT DATA

1. NAME (LAST, FIRST, MIDDLE INITIAL, SUFFIX, MAIDEN NAME)

DAYTIME TELEPHONE NUMBER

3. MAILING ADDRESS (STREET AND BOX NO. IF APPLICABLE, CITY, STATE, ZIP)

4. CREDENTIALS

- | | YES | NO |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| a. Are You a Licensed Hearing Instrument Specialist in the State of Missouri?

License Number _____ Issue Date _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Have you obtained your Audiologist License along with your Certificate of Clinical Competence?
(Please attach a copy of Certificate) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Have you obtained your National Competency Examination administered by the National Board for Certification in Hearing Instrument Sciences (NBC-HIS)? (Please include proof of Board Certification) | <input type="checkbox"/> | <input type="checkbox"/> |

Pursuant to Section 324.010 RSMo:

CHECK THIS BOX ONLY IF IN ALL OF THE LAST 3 YEARS: YOU WERE NOT A MISSOURI RESIDENT, YOU DID NOT HAVE ANY MISSOURI INCOME, AND YOU ARE NOT SUBJECT TO ANY TYPE OF MISSOURI INCOME TAX.

False statements are subject to criminal penalties and/or license discipline.
 If you have any questions regarding taxes contact the Department of Revenue at 573-751-7200
 or e-mail income@dor.mo.gov.

5. AFFIDAVIT (ALL APPLICANTS MUST COMPLETE)

I, the undersigned, have read and do fully understand my responsibility as a supervisor and will fulfill all of the requirements as set forth in Chapter 346 RSMo and administrative rules.

MUST BE SIGNED IN PRESENCE OF NOTARY PUBLIC	APPLICANT'S SIGNATURE		
NOTARY PUBLIC EMBOSSEER SEAL	STATE OF	COUNTY (OR CITY OF ST. LOUIS)	
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF		20
	USE RUBBER STAMP IN CLEAR AREA BELOW.		
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
NOTARY PUBLIC NAME (TYPED OR PRINTED)			