



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)			