



**STATE OF MISSOURI**  
**DIVISION OF PROFESSIONAL REGISTRATION**  
**APPLICATION FOR LICENSE**

BOARD OF EXAMINERS FOR HEARING INSTRUMENT  
 SPECIALISTS  
 3605 MISSOURI BOULEVARD, P.O. BOX 1335  
 JEFFERSON CITY, MO 65102

LICENSE NO.

DATE ISSUED

**INSTRUCTIONS**

1. Please review the Board of Examiners for Hearing Instrument Specialists Practice Act and Rules regarding the requirements for licensure in Missouri and refer to page 4 of this application for documentation required.
2. This application must be typed or printed in black ink and all sections must be completed. ALL FEES ARE NON-REFUNDABLE.
3. If additional information is needed, please attach a separate sheet.
4. All applications must be received at least 30 days prior to the administration of the examination(s).
5. Applicants must submit the application for licensure, the application fee and Practical Examination fee to the Board of Examiners for Hearing Instrument Specialists and the written examination (International Licensing Examination) fee directly to the International Hearing Society.

**CATEGORIES FOR LICENSURE (PLEASE SELECT THE CLASSIFICATION FOR WHICH YOU ARE APPLYING)**

1. An applicant may obtain a license provided the applicant:

- (1) Is at least eighteen years of age; and
- (2) Is of good moral character; and
- (3) Successfully passes a qualifying examination as described under sections 346.010 to 346.250; and
- (4) (a)  Holds an associate's degree or higher, from a state or regionally accredited institution of higher education, in hearing instrument sciences; or  
 (b)  Holds an associate's level degree or higher, from a state or regionally accredited institution of higher education and submits proof of completion of the International Hearing Society's Distance Learning for Professionals in Hearing Health Sciences Course; or  
 (c)  Holds a master's or doctoral degree in audiology from a state or regionally accredited institution; or  
 (d)  Reciprocity - any person who holds a valid current hearing instrument specialists license issued by another state, a territory of the United States, or the District of Columbia, and who has been licensed for at least one year in such other jurisdiction, may submit an application for a license in Missouri, along with proof of current licensure and proof of licensure for at least one year in the other jurisdiction.

ATTACH  
 PHOTO  
 HERE  
  
 1.5" X 2"  
 HEAD & SHOULDERS  
 ONLY

2.  **APPLICATION FEE - \$250.00** (The application fee must be submitted when an applicant initially applies for licensure or applies to take the written examination.)

**PRACTICAL EXAMINATION FEE - \$150.00**

HAVE YOU PREVIOUSLY TAKEN THE WRITTEN EXAMINATION (ILE)?

Yes  No If yes, indicate the number of times, dates and states you have taken the examination below.

NUMBER OF TIMES	DATES	STATES

**GENERAL INFORMATION**

3. NAME (LAST, FIRST, MIDDLE INITIAL, MAIDEN NAME)

4. SOCIAL SECURITY NUMBER

5. DATE OF BIRTH

6. EMAIL ADDRESS

7. HOME ADDRESS (STREET/BOX NO., CITY, COUNTY, STATE, ZIP CODE)

8. HOME TELEPHONE NO.

9. BUSINESS NAME

10. BUSINESS TELEPHONE NO.

11. BUSINESS ADDRESS (STREET/BOX NO., CITY, COUNTY, STATE, ZIP CODE)

**12. EDUCATION**

INSTITUTION, COLLEGE OR UNIVERSITY FROM WHICH YOU ATTENDED	DEGREE(S) RECEIVED	DATE(S) OBTAINED
a.		
b.		

**13. CREDENTIALS**

- a. Have you previously applied for a hearing instrument license in Missouri?  Yes  No  
 If licensed, give: Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
- b. Have you previously applied for a temporary permit in Missouri?  Yes  No  
 If yes: When: \_\_\_\_\_ Number: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_
- c. Have you obtained advance certification from either the International Hearing Society or the National Board for Certification in Hearing Instrument Sciences? (Please include proof of board certification)  Yes  No

14. List all state(s) in which you now hold or have ever held a license to practice as a Hearing Instrument Specialist or Audiologist. The licensing authority in each state where you have ever been licensed must submit a verification of licensure.

STATE	LICENSE NUMBER	ISSUE DATE	CURRENT STATUS
			<input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE <input type="checkbox"/> OTHER
			<input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE <input type="checkbox"/> OTHER
			<input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE <input type="checkbox"/> OTHER
			<input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE <input type="checkbox"/> OTHER

15. List all previous places of employment for the past 5 years to include present and previous employer name, address and dates employed, both **in and out** of the hearing instrument field (list present or last position first)

EMPLOYER NAME	ADDRESS	DATES EMPLOYED

**16. INFORMATION CONCERNING YOUR SUPERVISION**

- a. NAME OF SUPERVISOR (PLEASE PRINT)
- b. DATE SUPERVISOR WAS ISSUED CERTIFICATE OF AUTHORITY
- LICENSE NUMBER

1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable?  Yes  No
2. If yes, would you like to receive information and assistance regarding veterans benefits and services?  Yes  No
3. If yes, may the agency share your contact information with the Missouri Veterans Commission to provide such information?  Yes  No

General information may also be found at the Missouri Veterans Commission's website.

**17. THE APPLICANT MUST ANSWER THE FOLLOWING QUESTIONS. IF ANY OF THE QUESTIONS ARE ANSWERED "YES" THE APPLICANT MUST PROVIDE AN EXPLANATION IN A SEPARATE NOTARIZED STATEMENT.**

1. A. Have you ever applied for licensure as a hearing instrument specialist or taken the examination for licensure as a hearing instrument specialist in any other state?  Yes  No  
 If yes, WHERE \_\_\_\_\_ WHEN \_\_\_\_\_
- B. If yes, were you ever licensed by that state? (If no, explain fully)  Yes  No
- C. How was your license obtained (i.e., exam, reciprocity, other) \_\_\_\_\_
- D. Is your license in that state current? (i.e., not lapsed or inactive) (If no, explain fully)  Yes  No
- E. Has your license ever been disciplined by that state? (If yes, explain fully and submit certified copies of court documents)  Yes  No
2. Have you ever been denied a professional license, certification, registration, or permit?  Yes  No
3. Have you ever had any professional license, certification, registration, or permit revoked, suspended, placed on probation, or otherwise subject to any type of disciplinary action?  Yes  No
4. Are you presently being investigated or is any disciplinary action pending against any professional license, certification, registration or permit you hold?  Yes  No
5. Have you ever been convicted, adjudged guilty by a court, pleaded guilty or pleaded nolo contendere to any crime (excluding traffic violations)? If yes, explain fully and submit certified copies of court documents (i.e. Docket Sheet, Information or Indictment and Final Disposition).  Yes  No
6. Have you ever been convicted, adjudged guilty by a court, pled guilty or pled nolo contendere to any traffic offense resulting from or related to the use of drugs or alcohol, whether or not sentence was imposed? If yes, explain fully and submit certified copies of court documents (i.e. Docket Sheet, Information or Indictment and Final Disposition).  Yes  No
7. Do you currently, or did you within the past five years, use any prescription drug, illegal chemical substance, or alcohol, to the point where your ability to competently practice as a hearing instrument specialist would be affected? If yes, explain fully and submit certified copies of court documents (i.e. Docket Sheet, Information or Indictment and Final Disposition).  Yes  No
8. Are you now being treated, or have you been treated within the past five years, through a drug or alcohol rehabilitation program? Submit verification of chemical or alcohol dependency treatment. If yes, attach a full explanation and provide discharge summary or other official documentation that shows your diagnosis, prognosis and treatment plan.  Yes  No
9. Have you ever had a judgment rendered against you based upon fraud, misrepresentation, deception or malpractice related to your practice as a hearing instrument specialist or against any other license in the state of Missouri? If yes, explain fully and submit certified copies of court documents (i.e. Docket Sheet, Information or Indictment and Final Disposition)  Yes  No

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](mailto:income@dor.mo.gov).**

**18. ATTESTATION (ALL APPLICANTS MUST COMPLETE)**

I do hereby attest and affirm that all statements made in this application are true and correct to the best of my knowledge and belief and understand that any deliberate falsification of information herein may constitute grounds for my disqualification and subject to making a false affidavit. I further affirm that I have read, understand and agree to abide by the provisions of Chapter 346.010-346.250 RSMo. Further, I hereby voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for licensing.

SIGNATURE OF SUPERVISOR	DATE
SIGNATURE OF APPLICANT	DATE

## DOCUMENTS YOU MUST FURNISH WITH YOUR APPLICATION

All documentation should be completed and forwarded to the Board of Examiners for Hearing Instrument Specialists, 3605 Missouri Boulevard, P.O. Box 1335, Jefferson City, Missouri 65102. If you have questions, you may reach the board office at 573/751-0240, 1/800-735-2966 (TEXT) and 1/800-735-2466 (VOICE). All applications are considered on an individual basis. You may be requested to submit information or documents in addition to the requirements mentioned herein. You may also be requested to appear before the board. Additionally, once you are issued a full Missouri license, you will be required by law to pay the biennial renewal fee on or before the renewal date.

No application can be considered by the board until the entire file is complete. **Therefore, you should not make any firm commitment to begin working until you have received notification of licensure in writing from this office.** Proof that a hearing instrument specialist has practiced in Missouri before becoming licensed is grounds for denial of licensure. Additionally, no application will be processed without a fee. You will be notified in writing one (1) time if your application is deficient in any way. You should allow a minimum of thirty (30) days for the processing of your application.

**SPECIAL ACCOMMODATION:** If you have a documented disability covered by the Americans with Disabilities Act, you must notify this office for information concerning modifications for licensure examination candidates and to ensure that reasonable accommodations are made for your needs. Notification must be in writing and mailed to the Board of Examiners for Hearing Instrument Specialists, P.O. Box 1335, Jefferson City, MO 65102. Notification of special accommodations must be received by the board at least thirty (30) calendar days in advance of the examination date.

1. Completed application and fees. Checks should be made payable to the Board of Examiners for Hearing Instrument Specialists. **20 CSR 2165-1.020(2) states, "All fees are nonrefundable."**
2. An original photograph must be attached to the application.
3. Proof of Acceptable Educational Credentials –
  - a) Official transcript must be mailed directly by the educational institution which demonstrates successful completion of an associate's degree or higher in hearing instrument sciences; or
  - b) Official transcript must be mailed directly by the educational institution which demonstrates successful completion of an associate's degree or higher and submits proof of completion of the International Hearing Society's Distance Learning for Professionals in Hearing Health Sciences Course; or
  - c) Official transcript must be mailed directly by the education institution which demonstrates successful completion of a master's or doctoral degree in audiology; or
  - d) Reciprocity - A certified document completed by the state-licensing agency verifying that the applicant met the examination, education, experience requirements and that the license is active and in good standing. The certified document **MUST** come directly from the other state board to the Board of Examiners for Hearing Instrument Specialists.
4. Written Examination (ILE) scores must be submitted by the International Hearing Society (IHS). Applicants must request that the score be transferred directly to the Board from IHS.
5. Verification of licensure must be submitted directly to the Board of Examiners for Hearing Instrument Specialists by each state, territory or the District of Columbia where you have ever held a license.
6. An attestation of supervision form must be submitted upon completion of any registered supervised experience. Hearing instrument specialist in training shall accrue no less than one hundred (100) hours of supervision from a licensed hearing instrument specialist registered as a supervisor prior to becoming eligible for licensure by examination.