

**LOUISIANA BOARD FOR HEARING AID DEALERS**  
**ATTN: DINA ZEEVI 308 GREGORY DR. LULING. LA 70070**

**APPLICATION FORM**

This is an application for the fitting and dispensing of hearing instruments. An incomplete application will not be processed until all required fees and documents are received. Please allow 4 to 5 weeks for processing. After an application is received it is screened for completeness in the order in which it was received. **DO NOT SEND CERTIFIED MAIL. SEND VIA U.S. POST, FED EX, OR UPS TO THE ADDRESS LISTED ABOVE.** You will be notified when application is received.

After an application is screened, it will be approved, denied, or any deficiency noted. Applications which are completed may be approved and a temporary training permit or Certificate of Endorsement (COE) will be sent to the applicant. Date of Practical Examination will be given (60) days prior to scheduled date. Applications that are denied or are incomplete will be sent notices listing the deficiencies or reasons for denial.

All applicants **MUST** complete the entire application. **DO NOT** leave any questions or sections blank. Put N/A if a particular item is "not applicable". The forms must be postmarked within 30 days after signing.

**THIS APPLICATION IS FOR (Must choose one):**

First-Time License: Written & Practical Examination- Applicants must include the \$200.00 non-refundable application fee.

Certificate of Endorsement - Applicants **MUST** include the \$ 200.00 non-refundable application fee.

**IF YOU ARE ADDITIONALLY REQUESTING TTP:**

Temporary Training Permit - Applicants **MUST** include the \$ 100.00 non-refundable application fee.

**IN ADDITION TO THE NONREFUNDABLE APPLICATION FEE, THE FEES FOR THE WRITTEN AND PRACTICAL EXAMINATIONS MUST BE PAID PRIOR TO TAKING THE EXAMINATIONS.**

**FEE MUST BE IN THE FORM OF A CASHIER'S CHECK OR POSTAL MONEY ORDER MADE PAYABLE TO: LABHAD. NO BUSINESS OR PERSONAL CHECKS ACCEPTED.**

**TYPE OR PRINT LEGIBLY**

1. APPLICANT NAME & LAST 4 OF SOCIAL SECURITY NUMBER

\_\_\_\_\_

2. LAST NAME ON TRANSCRIPT IF DIFFERENT FROM #1 \_\_\_\_\_

3. DATE OF BIRTH \_\_\_\_\_ **COPY OF BIRTH CERTIFICATE REQUIRED**

4. RESIDENT OF LOUISIANA \_\_\_ YES \_\_\_ NO

5. MAILING ADDRESS \_\_\_\_\_

6. HOME ADDRESS (INCLUDE ZIP CODE)

\_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

7. TELEPHONE NUMBER - HOME \_\_\_\_\_ BUSINESS \_\_\_\_\_

**8. EMPLOYMENT INFORMATION**

**NAME OF PRACTICE WHERE YOU WILL BE FITTING AND DISPENSING HEARING INSTRUMENTS**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_ TELEPHONE \_\_\_\_\_

**NAME OF LICENSED OWNER OF BUSINESS**

OWNER'S NAME \_\_\_\_\_ LICENSE NUMBER \_\_\_\_\_

9. Academic Requirements: A minimum of sixty (60) earned credit hours or Associates Degree from accredited institution is required. A certified copy of transcript(s) should be sent directly to the Board office from each institution's registrar.

**NAME OF COLLEGE/UNIVERSITY/INSTITUTION** \_\_\_\_\_

LOCATION (CITY & STATE) \_\_\_\_\_

INCLUSIVE DATES ATTENDED: FROM (MM/YY) \_\_\_\_\_ TO (MM/YY) \_\_\_\_\_

TYPE OF DEGREE GRANTED (CIRCLE ONE). YOUR TRANSCRIPT OR DIPLOMA MUST STATE ONE OF THE FOLLOWING:

- A. ASSOCIATES      B. BACCALAUREATE      C. POST-BACCALAUREATE

MAJOR FIELD \_\_\_\_\_ DIPLOMA GRANTED \_\_\_ YES \_\_\_ NO

**NAME OF COLLEGE/UNIVERSITY/INSTITUTION** \_\_\_\_\_

LOCATION (CITY & STATE) \_\_\_\_\_

INCLUSIVE DATES ATTENDED: FROM (MM/YY) \_\_\_\_\_ TO (MM/YY) \_\_\_\_\_

TYPE OF DEGREE GRANTED (CIRCLE ONE). YOUR TRANSCRIPT OR DIPLOMA MUST STATE ONE OF THE FOLLOWING:

- A. ASSOCIATES      B. BACCALAUREATE      C. POST-BACCALAUREATE

MAJOR FIELD \_\_\_\_\_ DIPLOMA GRANTED \_\_\_ YES \_\_\_ NO

**10. PRACTICUM EXPERIENCE**

THE PRACTICUM EXPERIENCE OF TEMPORARY TRAINING PERMIT HOLDERS MUST BE DONE UNDER THE DIRECT SUPERVISION OF AN INDIVIDUAL WHO HOLDS A VALID LICENSE, FROM THE BOARD, TO FIT AND DISPENSE HEARING INSTRUMENTS IN THE STATE OF LOUISIANA. DIRECT SUPERVISION MEANS THE PHYSICAL PRESENCE OF A SUPERVISOR ANYTIME A TEMPORARY PERMIT HOLDER IS ENGAGED IN THE ACT OF FITTING AND DISPENSING HEARING INSTRUMENTS.

NAME OF SPONSOR \_\_\_\_\_ LICENSE # \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

TELEPHONE NUMBER (INCLUDE AREA CODE) \_\_\_\_\_

NAME OF CO-SPONSOR \_\_\_\_\_ LICENSE # \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

TELEPHONE NUMBER (INCLUDE AREACODE) \_\_\_\_\_

11. HAVE YOU EVER TAKEN THE EXAMINATION TO FIT AND DISPENSE HEARING INSTRUMENTS IN THE STATE OF LA?

\_\_\_ YES \_\_\_ NO IF YES, GIVE DATE & PERMIT NUMBER \_\_\_\_\_

12. HAVE YOU EVER BEEN ISSUED A TEMPORARY TRAINING PERMIT IN THE STATE OF LA?

\_\_\_ YES \_\_\_ NO IF YES, GIVE DATE AND PERMIT NUMBER \_\_\_\_\_

13. DO YOU NOW POSSESS OR HAVE YOU EVER POSSESSED A PROFESSIONAL LICENSE OR CERTIFICATE ISSUED BY ANY STATE? \_\_\_ YES \_\_\_ NO IF YES, HAVE THE STATE SUBMIT LICENSE VERIFICATION.

\_\_\_\_\_

14. HAVE YOU EVER BEEN DENIED A PROFESSIONAL LICENSE AND/OR CERTIFICATE (IN ANY STATE), OR HAVE YOU EVER HAD ANY LICENSE AND/OR CERTIFICATE (IN ANY STATE), REVOKED, CANCELED, OR SUSPENDED?

\_\_\_ YES \_\_\_ NO

IF YES, BRIEFLY STATE REASON(S) \_\_\_\_\_

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15. HAVE DISCIPLINARY PROCEEDING BEEN INITIATED AGAINST YOU IN LA OR ANY OTHER JURISDICTION?

\_\_\_ YES \_\_\_ NO IF YES, DATE OF PROCEEDINGS \_\_\_\_\_  
WHERE HELD? \_\_\_\_\_

16. HAVE YOU EVER PLED NOLO CONTENDERE, RECEIVED DEFERRED ADJUDICATION OR BEEN CONVICTED OF A CRIME OTHER THAN A MINOR TRAFFIC OFFENSE? \_\_\_\_ YES \_\_\_\_ NO

IF YES, A COPY OF THE CHARGES AND DISPOSITION PAPERS MUST BE ATTACHED.  
DRIVING WHILE INTOXICATED (DWI) IS NOT A MINOR TRAFFIC OFFENSE.

APPLICANT'S CURRENT PHOTOGRAPH

ATTACH YOUR PASSPORT SIZE PHOTOGRAPH TO THE APPLICATION. THE PHOTOGRAPH SHOULD BE OF THE HEAD AND SHOULDERS ONLY. PHOTOGRAPH MUST HAVE BEEN TAKEN WITHIN TWO YEARS PREVIOUS TO DATE OF APPLICATION. PRINT YOUR NAME ON THE BACK OF YOUR PICTURE.

**17. REFERENCES**

LIST BELOW THREE (3) PERSONS WHO WILL SERVE AS REFERENCES SUPPORTING YOUR LICENSURE AS A FITTING AND DISPENSER OF HEARING INSTRUMENTS. PERSONS LISTED MUST NOT BE NAMED ELSEWHERE IN THIS APPLICATION AND CURRENT BOARD MEMBERS MUST NOT BE USED AS REFERENCES.

**1. NAME & TITLE:**

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BUSINESS NAME, ADDRESS, & TELEPHONE NUMBER

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**2. NAME & TITLE:**

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BUSINESS NAME, ADDRESS, & TELEPHONE NUMBER

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**3. NAME & TITLE:**

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BUSINESS NAME, ADDRESS, & TELEPHONE NUMBER

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**THE LOUISIANA BOARD FOR HEARING AID DEALERS  
ATTN: DINA ZEEVI  
308 GREGORY DR. LULING, LA 70070**

**ORIGINAL MUST BE ATTACHED TO APPLICATION.**

**DATE OF EXAMINATION; MUST BE WITHIN 60 DAYS OF POSTMARK**

**DATE:** \_\_\_\_\_

**APPLICANT/PATIENT NAME:** \_\_\_\_\_

**THE ABOVE REFERENCED INDIVIDUAL IS FREE FROM CONTAGIOUS, INFECTIOUS, OR COMMUNICABLE DISEASES.**

\_\_\_\_\_  
**PHYSICIAN'S SIGNATURE/State LIC. NO.**

\_\_\_\_\_  
**PRINTED PHYSICIAN'S NAME**

**ADDRESS (CITY, STATE, ZIP CODE)**  
  
\_\_\_\_\_

**PREVIOUS EMPLOYMENT  
LIST LAST (3) YEARS INCLUDING NAME, ADDRESS, PHONE**

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**FROM** \_\_\_\_\_ **TO** \_\_\_\_\_

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**FROM** \_\_\_\_\_ **TO** \_\_\_\_\_

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**FROM** \_\_\_\_\_ **TO** \_\_\_\_\_

**APPLICANT'S AFFIDAVIT**

In making this application to the Louisiana Board for Hearing Aid Dealers for the issuance of a license, I certify that I have read and agree to abide by the Louisiana Licensing Act. Upon issuance of a license, I agree to be bound by the Louisiana Licensing Act.

I further understand that the fee submitted with this application is non-refundable and that materials submitted for consideration become the property of the Board and non-returnable. I hereby grant permission to the Board to seek any information or references it deems fit in securing my credentials pertinent to this application.

I further agree that if issued a license, upon the revocation, suspension, or cancellation of that license, I shall return the license card and certificate to the Board. I further agree that if issued a license, **I will keep the Board advised of my current mailing address.**

The information which I have provided in this application is truthful. I understand that providing false information of any kind may result in the voiding of this application and failure to be granted a license.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

**State & County/Parish:** \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_, to me known to be the person described herein and who executed the foregoing instrument, and acknowledged that he executed the same as his free act and deed.

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC

\_\_\_\_\_  
PRINTED NAME OF NOTARY

\_\_\_\_\_  
I.D NUMBER OR BAR NUMBER (IF ATTORNEY)

\_\_\_\_\_  
DATE COMMISSION EXPIRES

**SPONSOR'S AFFIDAVIT**

The application for a temporary training permit shall be accompanied by the affidavit of a person duly licensed and qualified to fit and dispense hearing instruments in the State of Louisiana. The accompanying affidavit shall state that the applicant, if granted a temporary training permit, will be **directly** supervised by the affiant in all work done by the applicant under such temporary training permit. The affiant will notify the Board within ten days following the applicant's terminating of supervision by affiant.

It shall be the responsibility of each holder of a license, temporary permit, or certificate of endorsement under this Act to be familiar with and to avoid commission of any acts regarded as unethical practices by the Act. Full responsibility for the ethical conduct of a temporary permit holder shall rest with the license holder who has agreed to be the permit holder's Sponsor, provided, however, that such Sponsor may relieve him/herself of such responsibility by discharging the holder of the temporary training permit, together with a letter explaining fully the circumstances under which the temporary training permit holder was separated from supervision. I further understand that if the permit holder fails the examination, the entire practicum experience must be repeated under my direct supervision.

I do hereby affirm that I am the holder of a valid, unrevoked, unsuspended license under the Louisiana Licensing Act, and that I have read the above excerpts and that I fully understand my responsibilities as Sponsor of the applicant \_\_\_\_\_, who will work and train under my direct supervision and for whose technical training and ethical conduct I am to be responsible.

I further affirm that I have read the application of the above named person and that to the best of my knowledge all information is true and correct.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Sponsor

\_\_\_\_\_  
LA License Number

**State & County/Parish** \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared

\_\_\_\_\_, to me known to be the person described in and who executed the foregoing instrument, and acknowledged that he executed the same as his free act and deed.

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC

\_\_\_\_\_  
PRINTED NAME OF NOTARY PUBLIC

\_\_\_\_\_  
ID NUMBER OR BAR NUMBER (IF ATTORNEY)

\_\_\_\_\_  
DATE COMMISSION EXPIRES



**CO-SPONSOR'S AFFIDAVIT**

The application for a temporary training permit shall be accompanied by the affidavit of a person duly licensed and qualified to fit and dispense hearing instruments in the State of Louisiana. The accompanying affidavit shall state that the applicant, if granted a temporary training permit, will be **directly** supervised by the affiant in all work done by the applicant under such temporary training permit. The affiant will notify the Board within ten days following the applicant's terminating of supervision by affiant.

It shall be the responsibility of each holder of a license, temporary permit, or certificate of endorsement under this Act to be familiar with and to avoid commission of any acts regarded as unethical practices by the Act. Full responsibility for the ethical conduct of a temporary permit holder shall rest with the license holder who has agreed to be the permit holder's Co-Sponsor, provided, however, that such Co-Sponsor may relieve him/herself of such responsibility by discharging the holder of the temporary training permit, together with a letter explaining fully the circumstances under which the temporary training permit holder was separated from supervision. I further understand that if the permit holder fails the examination, the entire practicum experience must be repeated under my direct supervision.

I do hereby affirm that I am the holder of a valid, unrevoked, unsuspended license under the Louisiana Licensing Act, and that I have read the above excerpts and that I fully understand my responsibilities as Co-Sponsor of the applicant \_\_\_\_\_, who will work and train under my direct supervision and for whose technical training and ethical conduct I am to be responsible.

I further affirm that I have read the application of the above named person and that to the best of my knowledge all information is true and correct.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Sponsor

\_\_\_\_\_  
LA License Number

**State & County/Parish** \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared

\_\_\_\_\_, to me known to be the person described in and who executed the foregoing instrument and acknowledged that he executed the same as his free act and deed.

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC

\_\_\_\_\_  
PRINTED NAME OF NOTARY PUBLIC

\_\_\_\_\_  
ID NUMBER OR BAR NUMBER (IF ATTORNEY)

\_\_\_\_\_  
DATE COMMISSION EXPIRES