KENTUCKY LICENSING BOARD FOR SPECIALISTS IN HEARING INSTRUMENTS P.O. Box 1360 FRANKFORT KENTUCKY 40602 (502) 564-3296 http://his.ky.gov

APPLICATION FOR LICENSE - KRS 334

Applicant's Name: _____

(As you want it to appear on license)

Date of application:

THIS APPLICATION IS FOR:

[] Apprentice Permit (\$100 nonrefundable fee) [] Individual License (\$100 nonrefundable fee)

INSTRUCTIONS - READ CAREFULLY

All applications must be accompanied by a check or money order in the correct amount, payable to **Kentucky State Treasurer**. **DO NOT SEND CASH.** Also attach a recent photograph of yourself. Pursuant to 201 KAR 7:015 Section 3, an original license fee of \$200.00 is due once an applicant successfully completes all examinations.

Submission of application is not a permit to engage in the practice of fitting and dealing in hearing instruments, even under the direction of a sponsor. You will be notified when your application has been approved. Subsequent evidence that an applicant has engaged in the practice of fitting and dealing in hearing instruments in Kentucky prior to receiving approval from the Board will be considered sufficient grounds for denial or revocation of license.

If your application leads to an examination by the Board to test your competency in fitting and dealing in hearing instruments, the time and place will be designated by the Board and you will be so notified. *If you have a disability and may require some reasonable accommodation in taking the examination, please contact the Board for assistance. If reasonable accommodation is not requested in advance, the Board cannot guarantee the availability of reasonable accommodation.*

All questions must be answered fully and completely. The Board cannot consider an incomplete application. Use additional paper, if required. Make sure all names and addresses are complete and correct. Include zip codes.

. Name:						
Last		First	Middle Initial	Soc. S	Soc. Sec. No.	
Home Address:						
	Street	City	State	Zip	Telephone	
Business Address when	e you will be employed	1 :				
Name of Business			P.O. Box			
Street		City	State	Zip	Telephone	
Designate your mailing	address: [] Home	[] Business				
			Ema	ail Address		
			Age:			
, ,	ool diploma? [] Ye	s [] No If no, do yo	Age: ou have a GED? [] Yes [] what offense?	No		
Do you have a high sch Have you ever been con (a) Do you presently ho [] Yes [] No	ool diploma? [] Ye nvicted of a felony? [Id a valid license to fit a If yes, License No	s [] No If no, do yo] Yes [] No. If yes, and dispense hearing inst	what offense? [] Yes []	No		

12. APPLICANT'S AFFIDAVIT

I do hereby affirm that all statements made herewith are true and correct to the best of my knowledge and belief.

I further affirm that I have read KRS 334 and the Administrative Regulations of the Kentucky Licensing Board for Specialists in Hearing Instruments and fully understand that in receiving a license from the Board, I bind myself to be governed by them. I understand that in submitting this application that the accompanying fee which is specified by KRS 334 is for administrative purposes and is not refundable.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for licensing. In addition, I agree to furnish the Board any information, which may subsequently be requested for the purpose of verifying my qualifications.

Date: _____

Signature: _____

13. HEALTH CERTIFICATE (To be completed by doctor)

The applicant, named herein, was examined by me this _____ day of _____, 20____, and found to be free of any Contagious or infectious disease which may render the practice of fitting hearing instruments by this applicant dangerous to the public health or safety.

Signature	hature Address			Phone	
4. APPRENTICE PERMI	IT CERTIFICATION (To be complet	ted by sponsor)			
(a) Sponsor's Name:					
(b) Address:	Street		<u></u>	2	
	Street		City	State	Zip
(c) License Number:					
I assume full responsi rulings of the Kentuck	bility for all activities of this applicar y Licensing Board for Specialists in	nt which are subject to re Hearing Instruments.	egulations of KR	S Chapter 334, its associated	regulations and a
Date:	Signature:				
OTHER LICENSEES	WHO MAY SUPERVISE APPLICA	NT DURING APPRENT	CESHIP:		
5. REFERENCES (Three	e names, addresses, and phone nu	mbers of reference from	persons other t	than emplover or relatives.)	
A:		D			
C		_			
		-			
		-			
		-			
6. Name, address, and	phone number of last employer.				
	DO NOT WRITE BELOW	W THIS LINE - FOR BO	ARD AND OFFI	CE USE ONLY	
FEE RECEI				VIEW DATE	
	Date		[] Approv	red [] Denied	