STATE OF UTAH
DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING

APPLICATION FOR LICENSURE

HEARINGINSTRUMENT INTERN

APPLICATION INSTRUCTIONS AND INFORMATION

General Statement: The Utah Division of Occupational and Professional Licensing (DOPL) desires to provide courteous and timely service to all applicants for licensure. To facilitate the application process, **submit a complete application form including all applicable supporting documents and fees.** Failure to submit a complete application and supply all necessary information will delay processing and may result in denial of licensure. The fees are for processing your application and will not be refunded. **Please read all instructions carefully.**

Address of Record: The address you provide on this application will be your address of record. All correspondence from DOPL will be sent to that address. You are responsible to directly notify DOPL of any change to your address of record.

Social Security Number: Your social security number is classified as a private record under the Utah Government Records Access and Management Act. It is used by DOPL as an individual identifier. It is also used for child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements 42 U.S.C. 666(a) (13). If an SSN is not provided, the application is incomplete and may be denied.

SUPPORTING DOCUMENTS AND FEES:

If you are applying for licensure as a <u>Hearing Instrument Intern</u>, complete the following in addition to submitting a completed application:

1. **Applicable only if licensed in another state.** Using the "Request for Verification of License" form (*attached to this application*), obtain verification of licensure from every state in which you have ever been licensed as a hearing instrument intern or specialist.

   Request that the verifying state complete the form and mail or fax it directly to DOPL or return it to you for submission with your application.

2. Submit an "Internship Supervision Request" form (*attached to this application*).

3. Submit the attached Utah Hearing Instrument Law Examination along with the completed application.

4. Submit a **$35.00** non-refundable application-processing fee, made payable to "DOPL."

ADDITIONAL IMPORTANT INFORMATION:

1. **Law and Rules Exam:** All applicants for licensure must pass the Utah Law and Rules Examination for Hearing Instrument Specialists. The Utah Hearing Instrument Law Examination can be found at the end of this application.

   The following applicable laws and rules are available on the Internet at www.dopl.utah.gov:

   - Division of Occupational & Professional Licensing Act
   - General Rules of the Division of Occupational & Professional Licensing
   - Hearing Instrument Specialist Licensing Act
   - Hearing Instrument Specialist Licensing Act Rules

2. **Current Documents:** Applications, statutes, rules, and forms are occasionally changed.
   Go to www.dopl.utah.gov to ensure you have the most recent version of these documents.

3. **National Certification Examination:** The National Board for Certification in Hearing Instrument Sciences examination must be scheduled by appointment. For registration and fee information apply directly to PSI Examination Services at www.psiexams.com or 1-800-733-9267.

4. **Examination Fees:** There are separate fees for all examinations. It is the responsibility of the applicant to submit the fees directly to the testing agency.

5. **Completion of Hearing Instrument Intern Direct Supervision:** In accordance with Title 58-46a-302.5, a hearing instrument intern must be under direct supervision until the intern 1) passes the Utah Hearing Instrument Practical Examination and 2) completes the National Institute for Hearing Instrument Studies Education and Examination Program. Thereafter, an intern can be under indirect supervision.

6. **Updating Address Information:** It is your responsibility to maintain a current address with DOPL. If your address is incorrect, you will not receive renewal notices or other correspondence. Address changes can be made online at www.dopl.utah.gov.

7. **Name Change:** If you have been licensed by DOPL under any other name, please submit documentation of your name change (*i.e. copy of a marriage license or divorce decree*).

8. **Acceptable Forms of Payment:** Licensure fees can be paid by check or money order, made payable to "DOPL." Cash and debit/credit cards (*American Express, MasterCard, and Visa)* are also accepted in person at DOPL's main office – but not over the telephone.

9. **Submit Completed Application to:**

By U.S. Mail	Division of Occupational & Professional Licensing P.O. Box 146741 Salt Lake City UT 84114-6741
By Express Mail or In Person	Division of Occupational & Professional Licensing 1st Floor Lobby 160 E 300 S Salt Lake City UT 84111-2305

10. **Telephone Numbers:** (801) 530-6628
(866) 275-3675 – Toll-free in Utah

11. **Fax Number:** (801) 530-6511

APPLICATION FOR LICENSURE
HEARING INSTRUMENT INTERN LICENSE

Please list your full legal name as it appears on your driver's license, Social Security Card, etc.		
Last Name:	First Name:	Middle Name:
Social Security Number: - -	Maiden Name:	

I certify under penalty of perjury that:

☐ I am a citizen of the United States and I have a valid US Driver License or US State ID.

License/State ID Number: _____ State: __

☐ I am a citizen of the United States currently living outside the United States and do not have a valid US Drivers License or US State ID. Please attach a legible copy of your valid passport or other documentation to verify you are a legal citizen of the United States.

☐ I am a non-citizen of the United States, who is lawfully present in the United States and I have a valid US Drivers License or US State ID.

License/State ID Number: _____ State: __

☐ I am a non-citizen of the United States, who is lawfully present in the United States and I do not have a valid US Drivers License or US State ID. Please attach a legible copy of your current and valid government issued document showing evidence of authorization to work in the United States.

☐ I am a foreign national not physically present in the United States.

Mailing Address:			
City:		State:	ZIP:
☐ Male ☐ Female	Date of Birth:	Phone #:	E-Mail:

List all other licenses, registrations, or certifications issued by any state which you now hold or have ever held in any profession. *(Use additional sheets if necessary.)*

Profession:	Issuing State:	
License Number:	License Status:	Issue Date:
Profession:	Issuing State:	
License Number:	License Status:	Issue Date:

DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY

License/Certificate Number: _____

Date License/Certificate Approved: ___/___/____

Approved By: _____

Date License/Certificate Denied: ___/___/____

Denied By: _____

Reason for Denial/Other Comments: _____

AFFIDAVIT and RELEASE AUTHORIZATION

1. I certify that I am qualified in all respects for the license for which I am applying in this application.
2. I certify that to the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, forgery, misrepresentation, omission of material fact; is truthful, correct, and complete; discloses all material facts regarding the applicant; and that I will update or correct the application as necessary, prior to any action on my application.
3. I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division of Occupational and Professional Licensing to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.
4. I understand that it is the continuing responsibility of applicants and licensees to read, understand, and apply the requirements contained in all statutes and rules pertaining to the occupation or profession for which I am applying, and that failure to do so may result in civil, administrative, or criminal sanctions.

Signature of Applicant: _____ Date of Signature: ___/___/_____

HEARING INSTRUMENT INTERN QUALIFYING QUESTIONNAIRE

Answer "**yes**" or "**no**" for each question. Do not leave any question blank.

1. _____Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?

2. _____Have you ever been denied the right to sit for a licensure examination?

3. _____Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?

4. _____Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any professional licensing agency or criminal or administrative jurisdiction?

5. _____Are you currently under investigation or is any disciplinary action pending against you now by any licensing agency or governmental agency?

6. _____Is any action pending against you now by either the Federal Drug Enforcement Administration or any state drug enforcement agency?

7. _____If you are licensed in the occupation/profession for which you are applying, would you pose a direct threat to yourself, to your clients, or to the public health, safety, or welfare because of any circumstance or condition?

8. _____Have you ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?

9. _____Have you ever had a documented case in which you were involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?

10. _____Have you been terminated from a position because of drug use or abuse within the past five (5) years?

11. _____Are you currently using or have you recently (*within 90 days*) used any drugs (*including recreational drugs*) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?

12. _____Have you ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which you have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?

(*Continued on the next page.*)

13. _____Do you currently have any criminal action pending?

14. _____Have you pled guilty to, no contest to, or been convicted of a misdemeanor in any jurisdiction within the past ten (10) years? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.

15. _____Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?

16. _____Have you, in the past ten (10) years, been allowed to plea guilty or no contest to any criminal charge that was later dismissed (*i.e. plea in abeyance or deferred sentence*)?

17. _____Have you ever been incarcerated for any reason in any federal, state or county correctional facility or in any correctional facility in any other jurisdiction or on probation/parole in any jurisdiction?

If you answered "yes" to questions 13, 14, 15, 16, or 17 above, you must submit a complete narrative of the circumstances that occurred for EACH and EVERY conviction, plea in abeyance, and/or deferred sentence. You must also attach copies of all applicable police report(s), court record(s), and probation/parole officer report(s).

If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.

If you have formally expunged a criminal record as evidenced by a court order signed by a judge, you do not need to disclose that criminal history. Expungement orders must be sent to the Bureau of Criminal Identification and the FBI to enable the expungement to be completed and the criminal history eliminated from the records.

If you answered "yes" to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

A "yes" answer does not necessarily mean you will not be granted a license; however, DOPL may request additional documentation if the information submitted is insufficient.

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Division of Occupational and Professional Licensing
160 East 300 South, P.O. Box 146741
Salt Lake City, Utah 84114-6741
Fax: (801) 530-6511

REQUEST FOR VERIFICATION OF LICENSE

(Use this form to verify licensure from another state, if applicable.)

PART 1 - TO BE COMPLETED BY THE APPLICANT:

Complete the first section of the form. Request that the verifying state complete the form and mail it directly to DOPL or return it to you for submission with your application.

Applicant's Name: _____

Street Address: _____

City: _____State: _____Zip: _____

I am requesting licensure in the state of Utah as a: _____

I am/have been licensed in your state under the name: _____

My Social Security Number is: _____

My Date of Birth is: ____/____/____

My license number in your state is/was: _____

I have enclosed the necessary license verification fee in the amount of: _____

Signature of Applicant: _____

Date of Signature: ____/____/____

PART 2 - TO BE COMPLETED BY THE VERIFYING AGENCY:

Please furnish the information requested, sign and verify the document, and place the completed form in an envelope, seal the envelope and provide it to the applicant in person or by mail. The applicant will include the verification of licensure with his/her Utah application. Thank you.

Name of Verifying State: _____ Name

of Licensee (*as it appears in verifying state's records*): _____

Name of Qualifying Person: _____

(*Continued on the next page.*)

Classification of License Issued: _____

License Number: _____Current Status: _____

Original Date of Licensure: ___/___/____Expiration Date: ___/___/___

Continuously Licensed:

❑ Yes ❑ No, please explain: _____

Licensed By:

❑ Exam, Type: _____Date: ___/___/___

❑ Endorsement, From What State _____

Examination Scores: _____

Education Required For Licensure: _____

Disciplinary Action or Pending Disciplinary Action:

❑ No ❑Yes, please provide certified copies of all Petitions, Orders, etc.

Signature: _____Title: _____

Agency: _____

Date of Signature: ___/___/___

(SEAL)

Utah Division of Occupational and Professional Licensing
160 East 300 South, P.O. Box 146741
Salt Lake City, Utah 84114-6741
FAX Number: (801) 530-6511

INTERNSHIP SUPERVISION REQUEST

Name of Applicant: _____

Address: _____

Social Security Number: _____Telephone: _____

Name of Supervising Hearing Instrument Specialist: _____

Social Security Number: _____Telephone: _____

Address of Place of Business: _____

Hearing Instrument Specialist License Number: _____

I hereby certify that I am a licensed hearing instrument specialist in good standing in the state of Utah and have practiced full-time as a hearing instrument specialist for not less than two years. I meet the qualifications set forth in the Hearing Instrument Specialist Licensing Act to act as a supervising hearing instrument specialist, and I will supervise the internship practice of the above named applicant. I understand that I must be present in the same facility as the intern and available for immediate in-person consultation until the intern passes the National Institute for Hearing Instrument Studies education and examination program and passes the Utah Hearing Instrument Practical examination, after which the remainder of the internship may be completed under indirect supervision. I certify that the intern named above will be under my supervision while practicing as an intern and will be in compliance with all Utah laws and rules. I understand that I may not supervise more than two interns at the same time.

Signature of Supervising Hearing Instrument Specialist: _____

Date of Signature: ___/___/___

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UTAH HEARING INSTRUMENT LAW EXAMINATION

This examination is not intended to be difficult. The purpose of the exam is to bring to your attention specific practice issues you need to know in order to avoid violating Utah statute as well as Utah law and rule. If you are uncertain about any of the questions listed below, please refer to the references listed.

Hearing Instrument Specialist Licensing Act, 58-46a - http://dopl.utah.gov/laws/58-46a.pdf
Hearing Instrument Licensing Act Rules, R156-46a - http://dopl.utah.gov/laws/R156-46a.pdf
Code of Ethics of the Hearing Healthcare Providers of Utah - http://hhpu.org/members/member_CodeOfEthics.php

True	False	Question
○	○	1. Practice of a hearing instrument specialist means evaluating the hearing loss overcome by the installation of the hearing instrument?
○	○	2. A hearing instrument specialist shall refer all patients under the age of 18 to a physician?
○	○	3. A hearing instrument intern, under the direction of a hearing instrument specialist, may test the hearing of a patient for purposes other than to determine whether a hearing loss will be improved by the use of a hearing
○	○	4. It is unprofessional conduct for a hearing instrument specialist to fail to disclose in writing to the patient the charge for all services and hearing instruments prescribed and sold to a patient prior to providing the services
○	○	5. A hearing instrument licensee may pay a physician a consideration for any kind of referral of a patient?
○	○	6. A hearing instrument intern under direct supervision is permitted to work when the hearing instrument specialist supervisor is available for immediate voice communication?
○	○	7. It is unprofessional conduct for a hearing instrument specialist to fail to describe the circuitry in any advertisement, presentation, purchase, or trial agreement as being either "digital" or "analog".
○	○	8. Advertising shall tell the truth and shall reveal significant facts, the concealment of which would mislead the public, and shall not dispense any product, or part hereof, representing that it is new, unused or rebuilt, when
○	○	9. It shall be unethical for the Hearing Instrument Specialist to willfully and knowingly violate any law or rule or regulation applicable to the dispensing of hearing instruments.
○	○	10. A Hearing Instrument Specialist shall identify of all services and products provided to the patient by the hearing instrument specialist and the charges for each service or product?
○	○	11. Upon exercising the 30-day right to cancel a hearing aid purchase, the seller of the hearing aid is entitled to a cancellation fee not to exceed 10%?
○	○	12. A hearing Instrument Specialist shall provide a written receipt or contract which shall provide the consumer with a 30-day right to cancel the purchase if the consumer
○	○	13. A hearing instrument specialist does not need to make a referral to a qualified health care provider if he detects a medical condition?
○	○	14. A hearing instrument intern can immediately begin indirect supervision if he passes the practical examination?
○	○	15. A hearing instrument specialist may provide services or products to a patient only after the patient has been professionally informed with respect to the services, products, and expected results?

○	○	16. A hearing instrument specialist must obtain the patient's informed consent and agreement to purchase the hearing instrument based on that informed consent either by the hearing instrument specialist or the hearing instrument intern, before designating an appropriate hearing instrument?
○	○	17. A hearing instrument intern must pass the International Licensing Examination before he/she can begin to work under indirect supervision?
○	○	18. Making false, misleading, deceptive, fraudulent, or exaggerated claims with respect to practice as a hearing instrument specialist and specifically with respect to the benefits of a hearing instrument or the degree to which a hearing instrument will benefit a patient is unlawful conduct?
○	○	19. It is Unprofessional Conduct for failing to follow the guidelines or policies of theUnited States Federal Trade Commission in any advertisement?