

CHECKLIST FOR MILITARY SPOUSE TEMPORARY PROFESSIONAL LICENSE

Effective January 1, 2022. Act 18 SLH 2021

Please do not submit this form with your application. Keep it for your records.

Who: Spouses accompanying an active military member on an official permanent change of station to a military installation located in Hawaii, who possess a license to practice in another jurisdiction of the United States as one of the following:

Acupuncturist	Licensed practical nurse	Physician assistant
Audiologist	Registered nurse	Podiatrist
Behavior analyst	Nursing home administrator	Psychologist
Dentist	Occupational therapist	Respiratory therapist
Dispensing optician	Optometrist	Social worker
Hearing aid dealer and fitter	Pharmacist	Speech pathologist
Marriage and family therapist	Naturopathic physician	Veterinary technician
Mental health counselor	Osteopathic physician	
Certified nurse aide	Physician	

What: A temporary license to practice for the duration of the active-duty military member's service in Hawaii, not to exceed a five-year period

FEES	
<input type="checkbox"/> Application Fee	Refer to application
<input type="checkbox"/> License Fee	Refer to application
APPLICATION	
<input type="checkbox"/> Complete forms	Check the appropriate box on page 1 of application, indicating this application is for a temporary military spouse license.
CRIMINAL HISTORY RECORD CHECK	
<input type="checkbox"/> Electronic Fingerprinting	<u>Only</u> necessary for: Licensed practical nurse Registered nurse
<p>Please contact Fieldprint, Inc. at http://fieldprinthawaii.com to make an appointment or inquire about other available site locations on the Continental United States, or call (877) 614-4361. The Fieldprint code that you must enter is: FPHIBrdNursing (not case sensitive). You will be required to submit a full set of electronic fingerprints for the purpose of obtaining federal and state criminal history record checks for processing with the Federal Bureau of Investigation. The applicant shall bear the cost of the fingerprint processing and the application shall NOT be considered complete until the results of the criminal history record check has been received by the Board. You must file your application for nurse license application within thirty (30) days of fingerprinting to ensure that the results can be obtained. If we are unable to obtain the results, you will have to go back and pay again to be re-fingerprinted. Questions may be directed to the Board's office at (808) 586-2695.</p>	
PROOF OF ACTIVE DUTY MILITARY SPOUSE STATUS	
<input type="checkbox"/> PCS orders + <u>non</u> -military ID <u>OR</u> <input type="checkbox"/> Statement of Verification from personnel office + <u>non</u> -military ID	A military ID may be used as proof if presented for in person verification by licensing staff.

PROOF OF LICENSURE IN ANOTHER JURISDICTION

License verification is required to be sent directly to the Board from each state or province in which applicant holds or has held a license.

One year: The license or certification by another jurisdiction must have been held for at least one year

Good Standing: The license or certification must be current, active, and in good standing without conditions or restrictions in all jurisdictions in which the person holds a license or certification.

NATIONAL PRACTITIONER DATA BANK

National Practitioner Data Bank (NPDB) Self-Query Response is required to be sent directly to the Board or Program. To obtain the report, go to the NPDB website at: www.npdb.hrsa.gov, and click on **Perform a Self-Query**. If you are unable to go on-line, call the NPDB at 1-800-6732 for assistance. The NPDB is now making your NPDB report available for download. Either the ORIGINAL hard copy that is mailed to you or an electronic version of the report will be acceptable. To send the electronic version, please, save the report as a .pdf file, attach it to the ORIGINAL email from the NPDB and email to the respective board/program.

DISQUALIFIED

An applicant is ineligible for temporary licensure if:

- Applicant's license in another jurisdiction is not in good standing.
- Applicant's license in another jurisdiction is under investigation for licensing violations.
- Applicant's application for license in another jurisdiction has been denied.
- Applicant has been censured, or had discipline imposed by another licensing authority, the terms and conditions of which have not yet been satisfied.
- Applicant has surrendered membership on any professional staff in any professional association, society, or faculty while under investigation or to avoid adverse action for acts or conduct that would constitute grounds for disciplinary action in this State.
- Applicant has a disqualifying criminal history as determined by the State's licensing authority.

Applicants ineligible for temporary licensing may apply for licensure via the normal licensing process.

A person licensed pursuant to this section shall be subject to the laws regulating the person's practice in this State and shall be subject to the jurisdiction of the licensing authority of this State.

REQUIREMENTS FOR LICENSE - HEARING AID DEALERS AND FITTERS

Access this form via website at: cca.hawaii.gov/pvl

EDUCATION REQUIRED

All applicants are required to **ATTACH** a photocopy of high school diploma or high school transcript or a statement from the Department of Education certifying that the equivalent of a high school education has been completed. In the alternative, **submit** a copy of diploma from an accredited college. If the diploma is not English, please refer to the section entitled "DOCUMENTS IN A FOREIGN LANGUAGE" (below) for more information.

DOCUMENTS IN A FOREIGN LANGUAGE

ALL DOCUMENTS must be in English. Documents that are in a foreign language must be translated in English. The translator must be someone other than the applicant and sign the translation. **Attach** the original translation and the affidavit.

Example of translator's affidavit: The following is an **example** of a translator's affidavit and contains all of the elements required.

"I swear that I am competent in both the English language and the _____ language (language of the document) and that this is a true and complete translation of the foreign language original."

EXAMINATION AND FILING DEADLINE

The Hearing Aid Dealers and Fitters licensing examination is administered by the International Hearing Society (IHS). Upon approval of the submitted Application for License (form HDF-01), applicants will be sent information regarding exam registration directly from IHS. Registration is done online and the exam is administered on Oahu.

The deadline for exam registration is the second Friday of every month. Assuming there are no deficiencies with the application, which may cause the applicant to miss the exam registration deadline, approval to take the exam is approximately two weeks thereafter.

All applicants must pass the written examination with **Hawaii's passing score of 70%**.

Please contact IHS directly at (734) 522-7200 or via email at exam@ihsinfo.org for the following:

- Questions regarding the exam
- Information regarding an unsuccessful attempt
- Failing to appear for, withdrawing from, or postponing a scheduled exam

ENDORSEMENT OF LICENSES IN ANOTHER STATE OR JURISDICTION

A license through endorsement may be granted to applicants who hold **CURRENT** licenses in another state or jurisdiction that are in good standing, **provided that the program's requirements, at the time you were licensed in that state, are equivalent or higher than Hawaii's.**

In addition to the application, fee, and proof of high school graduation or equivalent, you must:

1. **Request** a "Verification of License - Hearing Aid Dealers & Fitters" form (HDF-05) be completed by the states where you are licensed and have them send it directly to Hawaii. Complete the "Applicant Section" and send the form to your out-of-state agency.
NOTE: Some states charge a fee for this service. Contact your out-of-state agency for fee information.
2. **Submit** a copy of the laws and rules that were in effect at the time that you became licensed in the state or jurisdiction you are relying upon for endorsement. This information must include general information about the exam that you passed in order to be licensed in that state, such as exam content outline, approximate percentage of items focused on each area, required passing score, exam structure (for example, was the exam paper and pencil only or did it include a practical aspect).

(CONTINUED ON PAGE 2)

**APPLICATION
FORM**

Complete the on-line fillable application form or print *LEGIBLY* in black ink and sign the application.

Failure to provide all the requested information will delay the processing of your application.

**SOCIAL
SECURITY
NUMBER**

Your Social Security Number is used to verify your identity for licensing purposes and for compliance with the below laws. For a license to be issued you must **provide your Social Security Number or your application will be deemed deficient and will not be processed further.**

The following laws require that you furnish your Social Security Number to our agency:

FEDERAL LAWS:

42 U.S.C.A. §666(a)(13) requires the Social Security Number of any applicant for a professional license or occupational license be recorded on the application for license; and
If you are a licensed health care practitioner, **45 C.F.R., Part 61, Subpart B, §61.7** requires the Social Security Number as part of the mandatory reporting we must do to the Healthcare Integrity and protection Data Bank (HIPDB), of any final adverse licensing action against a licensed health care practitioner.

HAWAII REVISED STATUTES ("HRS"):

§576D-13(j), HRS requires the Social Security Number of any applicant for a professional license or occupational license be recorded on the application for license; and
§436B-10(4), HRS which states that an applicant for license shall provide the applicant's Social Security Number if the licensing authority is authorized by federal law to require the disclosure (and by the federal cites shown above, we are authorized to require the Social Security Number).

FEES

Exam Applicants

A check or money order made payable to: COMMERCE AND CONSUMER AFFAIRS (check must be in U.S. dollars and be from a U.S. financial institution.)

Application Fee (non-refundable) \$ 30.00

Endorsement Applicants - Remit a money order or check made payable to: COMMERCE AND CONSUMER AFFAIRS (check must be in U.S. dollars and be from a U.S. financial institution.)

1. Application fee \$30.00 (non-refundable) **AND**
2. If license will be issued in:
 - EVEN-numbered year - \$228.00 (*license - \$48.00, CRF - \$100.00, 1/2 renewal - \$80.00*)
 - ODD-numbered year - \$98.00 (*license - \$48.00, CRF - \$50.00*)

NOTE: *One of the numerous legal requirements that you must meet in order for your new license to be issued is the payment of fees as set forth in this application. You may be sent a license certificate before the payment you sent us for your required fees is honored by your bank. If your payment is dishonored, you will have failed to pay the required licensing fee and your license will not be valid, and you **may not** do business under that license. Also, a \$25.00 service charge shall be assessed for payments that are dishonored for any reason.*

(CONTINUED ON PAGE 3)

FEES (cont'd) *The Compliance Resolution Fund (CRF) was established by the 1982 Legislature (§26-9(m)), Hawaii Revised Statutes) to expedite resolution of consumer complaints filed with the Department of Commerce and Consumer Affairs. Assessment amounts are based on the services rendered in resolving complaints. Assessment is due for the issuance of a new license as well as for the renewal of a license.*

If for any reason you are denied the license you are applying for, you may be entitled to a hearing as provided by Title 16, Chapter 201, Hawaii Administrative Rules, and/or Chapter 91, Hawaii Revised Statutes. Your written request for a hearing must be directed to the agency that denied your application, and must be made within 60 days of notification that your application for a license has been denied.

ISSUANCE OF LICENSE If you are a candidate for license by examination, upon passing the exam, license fees will be due and you will be notified at that time.

BOARD'S ADDRESS	Mail all required documents to:	Deliver to office location at:
	Hearing Aid Dealers and Fitters DCCA, PVL Licensing Branch OR P.O. Box 3469 Honolulu, HI 96801	335 Merchant Street, Room 301 Honolulu, HI 96813 Phone: (808) 586-3000

Instructions for "YES" answers to questions (6) through (8) of the Application for License (HDF-01)

The following documentation must be submitted with the license application. Applications for license will not be considered without this material.

1. Questions 6 and 7 refer to complaints, charges of unlicensed activity, or pending disciplinary actions for any profession, occupation, or license. If your answer is "YES" to one or more of these questions, you must **submit** the following:
 - i. A detailed statement signed by you explaining the circumstances; and
 - ii. Copies of any documents from the agency, including final orders, petitions, complaints, findings of fact and conclusions of law, and any other relevant documents;
2. If your application indicates a criminal conviction, you must **submit** the following:
 - i. A statement signed by you explaining the circumstances leading to the conviction and detailing all activities since the conviction, including employment and business involvements. Include job title, period of employment, employer's name, description of duties, training attended, and educational courses attended;
 - ii. A copy of the court order, verdict, and terms of sentence;
 - iii. If applicable, a copy of the terms of probation and/or parole and a notarized statement from your probation or parole officer as to your compliance with the court order; and
 - iv. A current criminal history record check in your name, which you may obtain from the Hawaii Criminal Justice Data Center. Contact the Department of the Attorney General, Hawaii Criminal Justice Data Center, Kekuanao'a Building, 465 S. King Street, Rm. 101, Honolulu, HI 96813. Ph: (808) 587-3100 or visit their website at: ag.hawaii.gov/hcjdc to request a "Criminal History Record Check" form.

NOTE: If your criminal conviction occurred in a state or states other than Hawaii, a current criminal history record check will be required from each state **AND** Hawaii. Contact the local authority or Board in each state for their forms, instructions and fees on obtaining criminal history record checks.

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LAWS AND RULES

A copy of the Hearing Aid Dealers and Fitters laws, Chapter 451J, HRS, and rules Chapter 83, HAR may be obtained by submitting a written request to: *DCCA, Commerce & Consumer Affairs, P.O. Box 3469, Honolulu, Hawaii 96801*. Chapter 436B, Hawaii Revised Statutes, the Professional and Vocational Licensing Act should be read in conjunction with Chapter 451J and Chapter 83.

The laws and rules are also posted on our website at: cca.hawaii.gov/pvl. Click on "Hearing Aid Dealers and Fitters". Then click on "Statute/Rule Chapter".

APPLICANTS WITH SPECIAL NEEDS

If you are requesting special testing arrangements due to a disability, call (808) 586-2711 immediately to obtain a Disability Certification Form which must be completed by an approved professional, and submitted preferably prior to your exam application, but no later than the exam filing deadline. Determination of qualification for special testing arrangements will then be made and if so, the type of special testing arrangements to be provided.

No action will be taken to provide special testing arrangements until your exam application has been approved.

MAINTAINING YOUR LICENSE

All licenses are subject to renewal on or before December 31 of each odd-numbered year regardless of license issuance date. Licenses are subject to renewal on or before the license expiration date. Inform the department of any changes within **thirty** days of the change.

RELEASE OF INFORMATION

If you have any individual(s) assisting you with the licensure process, we will not be able to release any information to them unless you provide us with authorization. If you wish to do so, please complete the portion on **Release of Information to Third Party**, sign and date it.

ABANDONMENT OF APPLICATION

Pursuant to HRS §436B-9 your application shall be considered abandoned and shall be destroyed if you fail to provide evidence of continued efforts to complete the licensing process for two consecutive years. The failure to provide evidence of continued efforts includes but is not limited to: (1) failure to submit any required information and documents requested by the licensing authority within two consecutive years from the last date the documents and information were requested, or (2) failure to complete any additional requirements for licensure that remain after approval of your application, such as attempting to complete an exam requirement, within two consecutive years from the date your application was approved, or (3) failure to provide the licensing authority with any written communication during two consecutive years indicating that you are attempting to complete the licensing process. If an application is deemed abandoned, the applicant shall be required to reapply for licensure and comply with the licensing requirements in effect at the time of the reapplication.

APPLICATION FOR LICENSE - HEARING AID DEALERS AND FITTERS

Access this form via website at: cca.hawaii.gov/pvl

(Check box only if applying for:)
Temporary Military Spouse License

Read "Requirements for License" before completing this form.

Legal Name (First, Middle):	(Last):	FOR DEPARTMENT USE ONLY	<input type="checkbox"/> APPROVED	Initials/Date:		
Other Names Used:			License No. HA -	Effective Date:		
Residence Address (Include Apt. No., City, State and Zip Code):						
Mailing Address (ONLY if different from residence):						
Email Address:						
Social Security No.:	Date of Birth:					Phone No. (days): ()
Method of Licensure: <input type="radio"/> Exam <input type="radio"/> Endorsement						

Check answers. If response is "YES" to questions 6 to 8, refer to the instructions for additional documents that must be submitted with this application.

1. Are you at least 18 years of age? YES NO
2. Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? YES NO
3. Do you have a high school diploma or the equivalent of a high school education? YES NO
 If "YES", is verification attached? YES NO
4. Have you ever applied for the Hearing Aid exam in Hawaii before? YES NO
 If "YES", give MONTH & YEAR: _____
5. Do you hold or have you ever held a license in Hawaii or in another jurisdiction? YES NO
 If "YES", complete section on page 2.
6. Has any license/certificate/registration ever been suspended, revoked, or otherwise subject to disciplinary action? YES NO
7. Are there any disciplinary actions pending against you? YES NO
8. Have you ever been convicted of a crime in any jurisdiction that has not been annulled or expunged? YES NO

(CONTINUED ON PAGE 2)

Appl	275	\$30
Lic	277	\$48
CRF	279	\$50/\$100
1/2 Ren	270	\$80
Service Charge	BCF	\$25

Print Name of Hearing Aid
Dealer and Fitter: _____

Date: _____

LICENSES IN ANOTHER STATE OR JURISDICTION	Name of State(s) (Attach additional sheets if needed)	License Number	Date Issued	Indicate method of licensure (written and practical exam, no exam, endorsement, written only)	Current?
					<input type="radio"/> YES <input type="radio"/> NO
					<input type="radio"/> YES <input type="radio"/> NO
					<input type="radio"/> YES <input type="radio"/> NO

INTENDED BUSINESS ADDRESS	Upon issuance of license, how do you intend doing business and for whom?	
	<input type="radio"/> SELF-EMPLOYED:	<input type="radio"/> EMPLOYEE OF:
	dba (trade name): _____	Name and Address of Employer: _____
	Business location: _____	_____
Phone No.: _____	Phone No.: _____	

AFFIDAVIT OF APPLICANT:

I hereby certify that the answers and statements contained in this application and the documents attached are true and correct. I understand that any misrepresentation is grounds for refusal or subsequent revocation of license and is a misdemeanor (*Section 710-1017, Sections 436B-19 and 451A-13, Hawaii Revised Statutes*). I also certify that I have read and will abide by the provisions of Chapter 451A, Hawaii Revised Statutes, and Chapter 83, Hawaii Administrative Rules.

Signature of Applicant

Date

Release of Information to Third Party:

To assist me in the licensing process, I authorize the staff of DCCA to release any and all information regarding my application (including but not limited to, application status) to:

Print Name of Individual who is assisting you: _____

Signature of Applicant

Date