

## REQUIREMENTS FOR LICENSE - HEARING AID DEALERS AND FITTERS

Access this form via website at: [cca.hawaii.gov/pvl](http://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](mailto: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).

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**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.*

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**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:

Hearing Aid Dealers and Fitters  
DCCA, PVL Licensing Branch      OR  
P.O. Box 3469  
Honolulu, HI 96801

Deliver to office location at:

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](http://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](http://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 will be destroyed, if you fail to complete the license process within one year after filing an application or fail to take and pass the examination after becoming eligible to take the examination.

If an application is deemed abandoned, the applicant shall be required to reapply for licensure and comply with the licensing requirements at the time of the reapplication.

**APPLICATION FOR LICENSE - HEARING AID DEALERS AND FITTERS**

Access this form via website at: [cca.hawaii.gov/pvl](http://cca.hawaii.gov/pvl)

Read "Requirements for License" before completing this form.

Legal Name (First, Middle):		(Last):
Other Names Used:		
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		

**FOR DEPARTMENT USE ONLY**

<input type="checkbox"/> APPROVED <i>Initials/Date:</i>	
License No. HA -	Effective Date:

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

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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: dba (trade name): _____ _____ Business location: _____ _____ Phone No.: _____	<input type="radio"/> EMPLOYEE OF: Name and Address of Employer: _____ _____ _____ 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