



**ARIZONA DEPARTMENT  
OF HEALTH SERVICES**

LICENSING

BUREAU OF SPECIAL LICENSING  
150 NORTH 18<sup>TH</sup> AVENUE SUITE 410  
PHOENIX, ARIZONA 85007  
P | 602-364-2079 F | 602-364-4769  
W | azhealth.gov

**INITIAL LICENSE APPLICATION – HEARING AID DISPENSER BY RECIPROCIITY**

**ADHS REVIEW ONLY:**

**APPLICANT INFORMATION  
[ALL FIELDS ON THIS PAGE ARE REQUIRED]**

|   |                         |
|---|-------------------------|
| <b>APPLICANT</b> , If you are re-applying for an <i>expired</i> or <i>non-renewable</i> ARIZONA license,<br>write the license number here:→   |                         |
| <b>Please provide the following information and documents: [Please print legibly.]</b>  | <b>ADHS REVIEW ONLY</b> |
| Do you agree to allow the Department to submit supplemental requests for information under R9-16-316?<br><br><input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>   |                         |
| The applicant's FULL LEGAL name [FIRST, MIDDLE, LAST]:  |                         |
| The applicant's Social Security Number:   |                         |
| The applicant's home PHYSICAL address:  |                         |
| The applicant's MAILING address [if home address is not USPS deliverable]:  |                         |
| The applicant's telephone number [Personal Contact]:  |                         |
| The applicant's e-mail address: [A personal e-mail is recommended so you may access our communication with you regardless of future school or business. Your future renewal application will also be linked to this email address.] |                         |



**MORAL CHARACTER AND PROFESSIONAL INFORMATION**

| Please provide the following information and documents: [Please print legibly.]   | ADHS REVIEW ONLY |
|---|------------------|
| <p>Have you ever been convicted of a felony or a misdemeanor in this state or another state or jurisdiction?</p> <p align="right"><input type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> <b>No</b></p> <p>If <b>YES</b>, for each conviction please provide (attach additional pages if multiple convictions):</p> <p>i. The date of the conviction, _____</p> <p>ii. The state or jurisdiction of the conviction, _____</p> <p>iii. An explanation of the crime of which the applicant was convicted, _____ and, _____</p> <p>iv. The disposition of the case: _____ (provide a copy of the court record).</p>                             |                  |
| <p>Within the last two years, has a license issued to you been suspended or revoked?</p> <p align="right"><input type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> <b>No</b></p> <p>If <b>YES</b>, please provide documentation that includes:</p> <p>a. The date of the revocation or suspension,</p> <p>b. The state or jurisdiction of the revocation or suspension, and</p> <p>c. An explanation of the revocation or suspension.</p>   |                  |
| <p>Are you currently ineligible for licensing in any state because of a license revocation or suspension?</p> <p align="right"><input type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> <b>No</b></p> <p>If <b>YES</b>, please provide documentation that includes:</p> <p>a. The date of the ineligibility for licensing,</p> <p>b. The state or jurisdiction of the ineligibility for licensing, and</p> <p>c. An explanation of the ineligibility for licensing.</p>   |                  |
| <p>Has a disciplinary action been imposed on you by any state, territory, or district in this country for an act related to the practice of speech-language pathology, audiology, or hearing aid dispensing?</p> <p align="right"><input type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> <b>No</b></p> <p>If <b>YES</b>, please provide documentation that includes:</p> <p>a. The date of the disciplinary action;</p> <p>b. The state or jurisdiction of the disciplinary action;</p> <p>c. An explanation of the disciplinary action; and</p> <p>d. Any other applicable documents, including a legal order or settlement agreement.</p> |                  |
| <p>Have you ever been licensed in speech-language pathology, audiology, or hearing aid fitting and dispensing in any state or country?</p> <p align="right"><input type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> <b>No</b></p> <p>If <b>YES</b>, please list the State or Country; license number; and the effective and expiration dates of all applicable licenses, current or expired.</p>   |                  |

| <b>REQUIRED DOCUMENTATION and INFORMATION for TO A LICENSE APPROVAL TO TAKE HEARING AID DISPENSER EXAMS</b>   |  | <b>ADHS REVIEW ONLY</b> |
|---|--|-------------------------|
| <p>All of the following items <b>must be submitted before</b> your application can be processed. For the most expedient processing of your application, please ensure all required documents are included with your application before submitting it.</p> |  |                         |
| <u>REQUIREMENT</u>  | <u>INCLUDE THE FOLLOWING DOCUMENTATION</u>   |                         |
| <b>EDUCATION</b>  | <p style="text-align: center;"><b>ONE OF THE FOLLOWING (4-YR H.S. OR HIGHER):</b></p> <p><b>4-YEAR HIGH SCHOOL DIPLOMA:</b> A photocopy of original documents showing the applicant's completion of a high school diploma from an accredited high school.</p> <p><b>G.E.D.:</b> A photocopy of original documents showing the applicant's passing of the general education development tests equivalent to a high school diploma.</p> <p><b>Post-Secondary:</b> A photocopy of original official transcripts showing the applicant's completion of an associate degree or higher from an accredited college or university.</p> <p><b>Professional:</b> A photocopy of original documents showing the applicant's continuous engagement in the practice of fitting and dispensing hearing aids in the 3 years from August 11, 1967 to August 11, 1970.</p>  |                         |
|   | <p style="text-align: center;"><b>RATIONALE FOR HEARING AID DISPENSER BY RECIPROCITY:</b></p> <p>Applications for a license by reciprocity are evaluated on a per-application basis. Applicants have the burden of showing that the tests they took for hearing aid dispenser licensure in another state are equivalent (or better) in substance and standard to Arizona's qualifying examinations.</p> <p>So, in order for the Department to compare the tests, the applicant must include substantial documentation <i>contemporary</i> to the tests taken in the other state.</p> <p>Arizona currently uses the International Hearing Society's (IHS) International Licensing Examination for Hearing Healthcare Professionals (ILE) for the written exam. Arizona accepts IHS' recommendations of pass or fail on the ILE according to their official candidate report. If the written test that you took was not the ILE, it is essential that you be able to provide detailed content related to your state's written examination.</p> <p>Arizona's practical exam includes proficiency tests related to the candidacy for, selection of, and adaptation to hearing aids in the following areas: 1-ear impressions; 2-pure tone and speech audiometry; 3-counseling and device orientation; 4-simulated audiometric testing; 5-audiogram review; 6-hearing aid datasheet specifications; and 7-fitting dynamics and customization.</p> |                         |

| <b>REQUIRED DOCUMENTATION and INFORMATION SPECIFIC TO A LICENSE HEARING AID DISPENSER BY RECIPROCITY</b> |   | <b>ADHS REVIEW ONLY</b> |
|--|---|-------------------------|
| <b>*PROVIDE ALL DOCUMENTS WITH THIS APPLICATION.*</b>  |   |                         |
| <u>REQUIREMENT</u>   | <u>INCLUDE THE FOLLOWING DOCUMENTATION</u>  |                         |
| <b>LICENSE VERIFICATION</b>  | <p style="text-align: center;"><b>VERIFICATION OF CURRENT LICENSE IN GOOD STANDING:</b></p> <p>A statement, on the letterhead of the state licensing entity that issued the hearing aid dispenser license and signed by an official of the state licensing entity, that the applicant holds a current hearing aid dispenser license in good standing;</p> <p>Have this verification statement sent to you, keep it sealed in the envelope, and include it with your application.</p>  |                         |
| <b>LICENSE PHOTOCOPY</b>   | <p style="text-align: center;"><b>PHOTOCOPY OF CURRENT LICENSE:</b></p> <p>A legible photocopy of a current, regular license for the practice of fitting and dispensing hearing aids issued to you by a state licensing entity.</p>   |                         |
| <b>WRITTEN AND PRACTICAL EXAMS CONTENT</b>   | <p style="text-align: center;"><b>DETAILED CONTENT FOR EACH EXAM SECTION:</b></p> <p>A copy of the <b>written and practical</b> portions of the Department-designated hearing aid dispenser examination taken by the applicant <b>or a detailed description</b> of each portion of the examination;</p> <p>We need to know the structure and content of the exams you actually took for licensure. This means if you took exams fifteen years ago, we need documents contemporary to that time which illustrate the structure, content and standards of those tests.</p> <p>Copies of study guides, overviews, and statutes and rules <u>contemporary to</u> the exams you took may also contain this information.</p>  |                         |
| <b>SCORES AND STANDARDS FOR PASSING</b>  | <p style="text-align: center;"><b>SCORES AND STANDARDS FOR EACH EXAM SECTION:</b></p> <p>The state licensing entity's statement of:</p> <ol style="list-style-type: none"> <li>i. The applicant's score on each section of the hearing aid dispenser examination taken by the applicant,</li> <li>ii. The minimum passing score for each section of the hearing aid dispenser examination taken by the applicant, and</li> <li>iii. The minimum passing score for the hearing aid dispenser examination taken by the applicant;</li> </ol> <p>Whether this statement is a photocopy of the results letter you were issued after taking exams, or is a new statement included with your license verification statement issued above, we need to know what the minimum standards for passing that your scores were based on.</p> <p>Copies of study guides, overviews, and statutes and rules <u>contemporary to</u> the exams you took may also contain this scores and standards information.</p> |                         |

**NON-REFUNDABLE APPLICATION FEE**

|   |   |
|---|---|
| <p><b>Please provide the following information and documents: [Please print legibly.]</b></p> | <p align="center"><b>ADHS REVIEW ONLY</b></p> |
| <p>A *non-refundable* application fee of <b>\$100</b></p>                                     |   |

**INITIAL LICENSE FEE**

|  |   |
|--|---|
| <p><b>Please provide the following information and documents: [Please print legibly.]</b></p>  | <p align="center"><b>ADHS REVIEW ONLY</b></p> |
| <p>An initial license fee of <b>\$200</b></p> <p><b>OR</b> you may complete the attestation below to request an initial license fee waiver, per A.R.S. §41-1080.01.</p> <p>I, _____, attest that</p> <ul style="list-style-type: none"> <li>✓ I am applying for this specific license for the first time in Arizona.</li> <li>✓ My family income does not exceed 200% of the federal poverty guidelines.</li> </ul> <p>_____</p> <p>Applicant's Signature <span style="float: right;">Date</span></p> <p><b>NOTE:</b> This waiver ONLY applies to the Initial License Fee. The applicant must still submit payment for the Non-Refundable Application Fee.</p> |   |

**PAYMENT INFORMATION**

|  |   |
|--|---|
| <p><b>Please provide the following information and documents: [Please print legibly.]</b></p>  | <p align="center"><b>ADHS REVIEW ONLY</b></p> |
| <p>Please make checks payable to:<br/> <i>Arizona Department of Health Services,</i><br/>         In the memo line, please <b>PRINT</b> your Last Name and "BSL APP FEE".</p> <p><b>PLEASE WRITE YOUR CHECK NUMBER(S) HERE →</b></p> |   |

## LAWFUL PRESENCE

| Please provide the following information and documents: [Please print legibly.]  | ADHS REVIEW ONLY |
|--|------------------|
| <p>Supplemental request: <b>Please list</b> all previous full legal names and aliases, such as names that might be reflected on school diplomas or transcripts.</p>  |                  |
| <p><b>Complete the “ARIZONA STATEMENT OF CITIZENSHIP OR ALIEN STATUS FOR STATE PUBLIC BENEFIT” forms on pages 9 and 10.</b></p>  |                  |
| <p><b>PROOF:</b> Include a clear, legible photocopy of your documents that verify lawful status to your current legal name as used on this application, such as;</p> <ul style="list-style-type: none"> <li>• U.S. passport, current or expired;</li> <li>• Birth certificate;</li> <li>• Naturalization documents; or</li> <li>• Documentation of legal resident alien status</li> </ul>  |                  |
| <p><b>NAME LINK:</b> If the name on your citizenship evidence (e.g. birth certificate, U.S. Passport) <b>differs</b> from your current legal name, we need legal <b>proof linking that name to your current legal name.</b></p> <p>Acceptable types of proof documentation to illustratively link <b>all</b> previous to current names include:</p> <ul style="list-style-type: none"> <li>• a photocopy of your marriage certificate or certified abstract of marriage which illustrates the name link. Please note that only the certificate that the marriage occurred and is recorded with the county recorder is acceptable and <b>not the license</b>, as the license only means that you can lawfully marry within the timeframe issued; or,</li> <li>• order or decree of divorce, dissolution or termination <u>which illustrates name changes</u>;</li> <li>or,</li> <li>• court order for a legal name change, signed by a judge or court clerk.</li> </ul> <p><i>**Driver's license or Social Security card are <b>*not* acceptable</b> as evidence for lawful presence status name-linking.**</i></p> |                  |

### Attestation

| Please provide the following information and documents: [Please print legibly.]   | ADHS REVIEW ONLY |
|---|------------------|
| <p>I, _____, attest that all information submitted as part of this application is true and accurate:</p><br><p>_____</p> <p style="display: flex; justify-content: space-between;"> <span>Applicant's Signature</span> <span>Date</span> </p> |                  |

### FINAL PROOFING AND SUBMITTAL

**Before submitting** your application, **double check** that all application pages, documents, attachments, and fees are included. **Save a complete personal copy** of your application and any attachments, as items submitted may not be returned. Mail your completed application and all required documentation to:

**Arizona Department of Health Services**  
**Bureau of Special Licensing**  
**150 North 18th Avenue, Suite 410**  
**Phoenix, Arizona 85007**

**NOTICES**

- Pursuant to A.R.S. § 41-1030(B)(D)(E)(F)
  - B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.
  - D. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.
  - E. A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the Agency's adopted personnel policy.
  - F. This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.
- Pursuant to section 41-1093.01, Arizona Revised Statutes, an agency shall limit all occupational regulations to regulations that are demonstrated to be necessary to specifically fulfill a public health, safety or welfare concern. Pursuant to sections 41-1093.02 and 41-1093.03, Arizona Revised Statutes, you have the right to petition this agency to repeal or modify the occupational regulation or bring an action in a court of general jurisdiction to challenge the occupational regulation and to ensure compliance with section 41-1093.01, Arizona Revised Statutes.



**ARIZONA STATEMENT OF CITIZENSHIP  
OR ALIEN STATUS FOR STATE PUBLIC BENEFIT  
Bureau of Special Licensing**

Title IV of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (the "Act"), 8 U.S.C. § 1621, provides that, with certain exceptions, only United States citizens, United States non-citizen nationals, non-exempt "qualified aliens" (and sometimes only particular categories of qualified aliens), nonimmigrants, and certain aliens paroled into the United States are eligible to receive state, or local public benefits. With certain exceptions, a professional license and commercial license issued by a State agency is a State public benefit.

Arizona Revised Statutes (A.R.S.) § 41-1080 requires, in general, that a person applying for a license must submit documentation to the license agency that satisfactorily demonstrates the applicant's presence in the United States is authorized under federal law.

**Directions:**

1. All applicants must complete Sections I, II, and IV. Applicants who are not U.S. citizens or nationals must also complete Section III.
2. Submit this completed form and a copy of one or more document(s) from the attached "Evidence of U.S. Citizenship, U.S. National Status, or Alien Status" with your application for license.
  - a. If the document you submit does not contain a photograph, **you must also provide a government issued document that contains your photograph.**
  - b. You must submit supporting legal documentation (i.e. marriage certificate) **if the name on your evidence is not the same as your current legal name.**

| SECTION I — APPLICANT INFORMATION  |                                 |                             |
|--|---------------------------------|-----------------------------|
| Legal First Name   | Legal Middle Name               | Legal Last Name             |
| Type of Application:   | Initial Application             | Renewal Application         |
| Type of License/Certification:   | Medical Radiologic Technologist | Laser Technician            |
|  | Speech Language Pathology       | Audiology                   |
|  | Midwifery                       | Hearing Aid Dispensing      |
| SECTION II — CITIZENSHIP OR NATIONAL STATUS DECLARATION                  |                                 |                             |
| Are you a citizen or national of the United States?                      | Yes                             | No                          |
| If you answered 'Yes' to the previous question, indicate place of birth: |                                 |                             |
| City: _____  | State (or equivalent): _____    | Country or Territory: _____ |
| If you answered 'Yes,'   |                                 |                             |
| 1. Attach a legible copy of a document from the attached list.           |                                 |                             |
| Name of Document: _____  |                                 |                             |
| 2. Skip Section III and go to Section IV.                                |                                 |                             |
| If you answered 'No,' complete sections III and IV.                      |                                 |                             |

### SECTION III — ALIEN STATUS DECLARATION

To be completed by applicants who are **not citizens or nationals of the United States.**

1. Please indicate alien status by checking the appropriate box below.
2. Attach a legible copy of a document from the attached list.

Name of Document: \_\_\_\_\_

#### Qualified Alien Status (8 U.S.C. §§ 1621(a)(1),-1641(b) and (c))

- 1. An alien lawfully admitted for permanent residence under the Immigration and Nationality Act (INA)
- 2. An alien who is granted asylum under Section 208 of the INA.
- 3. A refugee admitted to the United States under Section 207 of the INA.
- 4. An alien paroled into the United States for at least one year under Section 212(d)(5) of the INA.
- 5. An alien whose deportation is being withheld under Section 243(h) of the INA.
- 6. An alien granted conditional entry under Section 203(a)(7) of the INA as in effect prior to April 1, 1980.
- 7. An alien who is a Cuban/Haitian entrant.
- 8. An alien who has, or whose child or child's parent is a "battered alien" or an alien subject to extreme cruelty in the United States.

#### Nonimmigrant Status (8 U.S.C. § 1621(a)(2))

- 9. A nonimmigrant under the Immigration and Nationality Act [8 U.S.C § 1101 et seq.] Nonimmigrants are persons who have temporary status for a specific purpose. See 8 U.S.C § 1101(a)(15).
- 10. Alien Paroled into the United States For Less Than One Year (8 U.S.C. § 1621(a)(3))
- 11. An alien paroled into the United States for less than one year under Section 212(d)(5) of the INA

#### Other Persons (8 U.S.C § 1621(c)(2)(A) and (C))

- 12. A nonimmigrant whose visa for entry is related to employment in the United States, or
- 13. A citizen of a freely associated state, if section 141 of the applicable compact of free association approved in Public Law 99-239 or 99-658 (or a successor provision) is in effect [Freely Associated States include the Republic of the Marshall Islands, Republic of Palau and the Federate States of Micronesia, 48 U.S.C. § 1901 *et seq.*];
- 14. A foreign national not physically present in the United States.

#### Otherwise Lawfully Present

- 15. A person not described in categories 1-13 who is otherwise lawfully present in the United States. **PLEASE NOTE: The federal Personal Responsibility and Work Opportunity Reconciliation Act may make persons who fall into this category ineligible for licensure. See 8 U.S.C. § 1621(a).**

### SECTION IV — DECLARATION

**ALL applicants** must complete this section.

I declare under penalty of perjury under the laws of the state of Arizona that the answers and evidence I have given are true and correct to the best of my knowledge.

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

\_\_\_\_\_  
Date

## ACCEPTABLE EVIDENCE OF U.S. CITIZENSHIP, U.S. NATIONAL STATUS, OR ALIEN STATUS

Per A.R.S. § 41-1080, you must submit one of the documents in the list below to verify authorized presence in the United States.

### **Please note:**

1. If the name on the document submitted is NOT your current legal name, you MUST provide a legal name linkage document (i.e. marriage certificate, court order, etc.)
2. If the document submitted does NOT contain your photograph, you MUST provide another government issued document that contains a photograph.

### **Acceptable Documents:**

1. An Arizona driver license issued after 1996 or an Arizona non-operating identification license.
2. A driver license issued by a state that verifies lawful presence in the United States (Illinois, New Mexico, Utah, and Washington (except for 'Enhanced' credentials) do not verify lawful presence in U.S.)
3. A birth certificate or delayed birth certificate issued in any state, territory or possession of the United States.
4. A United States certificate of birth abroad.
5. A United States passport.
6. A foreign passport with a United States visa.
7. An I-94 form with a photograph.
8. A United States citizenship and immigration services employment authorization document or refugee travel document.
9. A United States certificate of naturalization.
10. A United States certificate of citizenship.
11. A tribal certificate of Indian blood.
12. A tribal or bureau of Indian affairs affidavit of birth.
13. Any other license that is issued by the federal government, any other state government, an agency of this state or a political subdivision of this state that requires proof of citizenship or lawful alien status before issuing the license.