



## APPLICATION for APPROVAL TO TAKE the HEARING AID DISPENSER EXAMINATION

**Applicant Please Note: DO NOT USE THIS FORM unless you want to ONLY begin the exam-taking process. IF you are interested in being able to practice the fitting and dispensing of hearing aids in Arizona while waiting to take the exams, you should seek the sponsorship of an Arizona licensed Hearing Aid Dispenser or Arizona licensed Dispensing Audiologist and apply for the TEMPORARY HEARING AID DISPENSER (THAD) license. Applying for the THAD license will include the approval to take the examinations.**

APPLICANT LAST NAME:	APPLICANT FIRST NAME:	MI:
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<b><i>This table for ADHS use only!</i></b>	Date Received: _____	BSLSTAFF: _____
FEE AMOUNT \$	FEE ACCT#	APPL LIC LATE DUP
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Please provide the following information and documents: [Please print legibly.]	ADHS ADMIN REVIEW	ADHS SUBST REVIEW
Do you agree to allow the Department to submit supplemental requests for information under R9-16-316? Circle one: YES NO		
The applicant's name [Full Legal Name]:		
The applicant's home address:		
The applicant's telephone number [Personal Contact]:		
The applicant's e-mail address:		
The applicant's Social Security number:		
If applicable, the applicant's business name [Arizona Practice DBA]:		
If applicable, the applicant's business address [Arizona Practice Location]:		
If applicable, the business telephone number [Arizona Practice Location]:		

Please provide the following information and documents: [Please print legibly.]	ADHS ADMIN REVIEW	ADHS SUBST REVIEW
APPLICANT LAST NAME, FIRST NAME, MI:		
If applicable, the name of the applicant's employer:		
If applicable, the applicant's employer's business address:		
If applicable, the applicant's employer's business telephone number:		
<p>Have you <i>ever</i> been convicted of a felony or of a misdemeanor involving moral turpitude in this or another state or jurisdiction? Circle one: <b>YES 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 related to the practice of hearing aid dispensing issued to you been suspended or revoked? Circle one: <b>YES 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 to apply for a hearing aid dispensing license due to a prior revocation or suspension of a hearing aid dispensing license? Circle one: <b>YES 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 hearing aid dispensing? Circle one: <b>YES 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>		

Please provide the following required information and documents: [Please print legibly.]			ADHS ADMIN REVIEW	ADHS SUBST REVIEW
APPLICANT LAST NAME, FIRST NAME, MI:				
Have you been licensed for hearing aid dispensing in any state or country? Circle one: <b>YES</b> <b>NO</b> If <b>YES</b> , please list the State or Country, license number, and the issued, effective, and expiration dates:				
State or Country	License Number	Issued / Effective / Expiration Dates		
Enclose a copy of official documentation indicating the applicant has completed education equivalent to, or higher than, a four-year course in an accredited high school.				
Complete and enclose the "ARIZONA STATEMENT OF CITIZENSHIP AND ALIEN STATUS FOR STATE LICENSING OR CERTIFICATION" form on page 4. Include a copy of your U.S. passport, current or expired; Birth certificate; Naturalization documents; or Documentation of legal resident alien status which verify lawful status to your current legal name as used on this application.				
A non-refundable \$100 application fee, payable to: <i>Arizona Department of Health Services</i> . PRINT in the memo line your Last Name and "APP. FEE". Cash is not accepted.				
By signing below, you attest that all information submitted as part of the application is true and accurate:				
The applicant's signature: _____  and date of signature: _____				

**Before submitting your application, take a moment to double check that all application pages, documents, attachments, and fees are included. Be sure to save a personal copy of your application and any attachments for your own records. Mail completed application and all required documentation to:**

**Arizona Department of Health Services  
Bureau of Special Licensing  
150 North 18<sup>th</sup> 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.