

Wyoming State Board of Hearing Aid Specialists

2001 Capitol Ave, Room 127

Cheyenne, WY 82002

Phone: 307-777-3628 Fax: 307-777-3508

Hearing Aid Specialist by Examination Application

To obtain a license, you are required to meet the requirements in Chapter 3 of the Board's Rules and Regulations. Please ensure you have included the following from the below checklist.

CHECKLIST

Legibly Completed Application Form with Original Signature

Mail this form back to the address above. Upon receipt of all of the application materials, your application will be preliminarily approved to take the IHS written examination and the State of Wyoming's Practical and Jurisprudence examinations.

\$200 Application Fee, Temporary Additional \$300

Make your check, cashier's check, or money order payable to the State of Wyoming. All fees are non-refundable.

Proof of Lawful Presence

The U.S. Immigration and Naturalization Service (INS) has developed a list of documentation which is acceptable as proof of lawful presence. Please complete the form included in this packet and provide a copy of a document from LIST A or copies of documents from LIST B and C. Don't send originals.

Please note that the name on your application must match the name on your proof of legal presence. If your name has changed, you will also need to provide a copy of the legal document that allowed for the name change (i.e. marriage certificate or divorce decree).

Audiometric Equipment

Submit a certification of calibration of ALL audiometric equipment in use signed by a qualified person during the previous twelve (12) months.

IHS Examination

Upon preliminary approval, you will need to sit for the written examination. The Board office will notify IHS that you are eligible. You must obtain a passing score as determined by IHS. You will coordinate this examination and fee with IHS.

Wyoming Jurisprudence and Practical Examinations

*Upon preliminary approval, you will be notified, via email, that you are eligible to take the Wyoming Board jurisprudence and practical examinations. You will submit a letter of intent to test for the jurisprudence and practical examinations along with a **\$50 jurisprudence examination fee and a \$300 practical examination fee.***

The jurisprudence is a closed book, written exam and tests your knowledge of the ENTIRE Wyoming Hearing Aid Specialists Practice Act and Board Rules and Regulations. This examination will be offered in conjunction with the Practical Examination. The passing score is 70%. The practical examination will require you to obtain a pure tone air conduction & bone conduction hearing evaluation, along with a speech reception threshold, speech discrimination test, most comfortable level and threshold of discomfort. A working knowledge of masking procedures will also be required. Additionally, you will be asked to demonstrate your ability to make an ear mold impression. A score of at least 65% on each section of the practical is required to pass.

Professional References

Have three professional references mail or email the reference letter directly to the Board Office.

License Verifications

Request that the state(s) where you currently hold and have held a license send an official verification of your license directly to the Board office.

License Fee

*Upon final approval of your application and receiving passing scores on all required examinations, a **licensure fee of \$200** must be paid to the Board before your license is issued.*

Once your file is complete, it will be emailed to an Application Review Committee for consideration. Review generally takes 1-2 weeks. Following approval, your registration materials will be mailed to the preferred mailing address you provide on the application form.

You may inquire about your application status by calling (307) 777-3628. Please limit your inquiries to no more than once per week.

Wyoming Board of Hearing Aid Specialists

Verification of Lawful Presence

Federal Requirement for Licensing Boards to Establish Lawful Presence of Licensees

In August of 1996, the U.S. Congress passed legislation, the Personal Responsibility and Work Opportunity Reconciliation Act, restricting welfare and public benefits for aliens. The intent of the new law is to ensure that articulated public benefits, both state and federal, are granted only to persons who are lawfully present in the U.S.

The law identifies what constitutes a state public benefit for the purposes of this Act. Specifically, 8 U.S.C.A. §1621 (c)(2)(A) describes a state or local public benefit as “any grant, contract, loan, **professional license**, or commercial license **provided by an agency of the State or local government** or by appropriated funds of a State or local government.” Therefore, professional licensing boards in Wyoming are required by this federal law to verify the “lawful presence” of persons applying for new licenses or license renewals. This verification of lawful presence need only be accomplished one time for each licensee. A new license applicant will not have to again prove lawful presence at subsequent renewals, nor will a licensee who first shows proof of lawful presence in a renewal application have to show this proof at subsequent renewals.

The U.S. Immigration and Naturalization Service (INS) has developed a list of documentation which is acceptable as proof of lawful presence. This list is included on the reverse side of this form.

Applicant's Name:

Address:

By signing below, I hereby certify that **(check one item in each category)**:

- ☐ I am a citizen of the United States
- ☐ I am an alien lawfully admitted to the United States under the Immigration and Naturalization Act

I have attached:

- ☐ A copy of an acceptable document from List A; or
- ☐ Copies of acceptable documents from Lists B and C as verification of my lawful presence in the U.S.

Signature of Applicant

Date

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired. * Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A		LIST B	LIST C	
Documents that Establish Both Identity and Employment Authorization	OR	Documents that Establish Identity AND	Documents that Establish Employment Authorization	
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION	
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine- readable immigrant visa		3. School ID card with a photograph		
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card	2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)	
		5. U.S. Military card or draft record		3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status or parole: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		6. Military dependent's ID card	4. Native American tribal document	
		7. U.S. Coast Guard Merchant Mariner Card		
		8. Native American tribal document		6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	9. Driver's license issued by a Canadian government authority	
			For persons under age 18 who are unable to present a document listed above:	
10. School record or report card				
11. Clinic, doctor, or hospital record				
12. Day-care or nursery school record				
Acceptable Receipts May be presented in lieu of a document listed above for a temporary period. For receipt validity dates, see the M-274.				
• Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual • Form I-94 with "RE" notation or refugee stamp issued to a refugee.	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.	

*Refer to the Employment Authorization Extensions page on **I-9 Central** for more information.

Attach 2x2 Photograph Here	Wyoming Board of Hearing Aid Specialists 2001 Capitol Ave, Room 127 Cheyenne WY 82002 Phone: 307-777-3628 Fax: 307-777-3508
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Licensed Hearing Aid Specialist by Exam Application	<input type="checkbox"/> \$200 Fee
Temporary License - additional fee	<input type="checkbox"/> \$300 With Supervision <input type="checkbox"/> \$300 Without Supervision

1. Legal Name & Personal Information		
<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>
<i>Previous Names Used</i>	<i>Social Security Number</i>	<i>Date of Birth</i>

2. Contact Information		
<i>Residence Mailing Address</i>		
<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Business Name</i>		
<i>Business Mailing Address</i>		
<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Home/Cell Phone</i>	<i>Business Phone</i>	

3. Military Information	
Are you a military service member as defined in W.S. 33-1-116(a)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you the spouse of a military service member as defined in W.S. 33-1-117(a)(v)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

4. Correspondence	
Issues with your application and all general correspondence will be sent to you via email. Please list an email you check <u>regularly</u> . Other correspondence will be mailed to you. Select a mailing address where you receive mail in a timely manner.	
<i>Email:</i>	<i>Mail Preference</i> <input type="checkbox"/> Home <input type="checkbox"/> Business

5. High School Education	
Name and City/State of Institution	Date of graduation

6. References	
Name:	Occupation:
Name	Occupation:
Name	Occupation:

7. Other Licenses					
Indicate license(s) in all states where you are currently or have been previously licensed in any field, including Wyoming. Begin with your original license. Note carefully any licenses not currently in good standing.					
State	License #	License Type	Issue Date	Expiration Date	Status (Active, Expired, Revoked)

8. Practical Experience			
List your work experience for the last five (5) years. Begin with today and work back in time. Note any interruptions in time, such as periods of unemployment and/or education. Attach additional pages if necessary.			
Name and address of Organization:			
Date of Employment:	mm/yyyy to mm/yyyy	Supervisor:	
Brief Description of Work:			

Name and address of Organization:			
Date of Employment:	mm/yyyy to mm/yyyy	Supervisor:	
Brief Description of Work:			

Name and address of Organization:			
Date of Employment:	mm/yyyy to mm/yyyy	Supervisor:	
Brief Description of Work:			

Name and address of Organization:			
Date of Employment:	mm/yyyy to mm/yyyy	Supervisor:	
Brief Description of Work:			

9. Practice History	
If you mark yes to any of these questions, you must attach a personal statement, detailed explanation and copies of relevant documentation.	
A. Have you ever, or are you now, providing any of the services regulated by W.S. 33-35-101 et seq. in the State of Wyoming, without meeting the requirement for licensure or certification, or without meeting an exemption provided in W.S. 33-35-103?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Has any jurisdiction, state, or association refused, rejected, dismissed, withdrawn, or denied your application for certification or licensure in any profession?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Have you ever withdrawn an application for professional membership or a license, permit, certificate, or registration in any jurisdiction or association?	<input type="checkbox"/> Yes <input type="checkbox"/> No

D. Has any jurisdiction or association revoked, suspended, refused to renew, conditioned, restricted, imposed a fine or civil penalty, required continuing education, or otherwise disciplined you, your license, permit, certificate, registration, or membership ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. Have you voluntarily surrendered a license, certificate, permit, or registration for any reason other than non-renewal?	<input type="checkbox"/> Yes <input type="checkbox"/> No
F. To the best of your knowledge, has a complaint been filed against you in any jurisdiction, professional association, or facility or are you currently under investigation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
G. Have you ever been arrested?	<input type="checkbox"/> Yes <input type="checkbox"/> No
H. Have you ever been charged or convicted (including a nolo contendere plea or guilty plea) of a misdemeanor, felony, or other criminal offense (other than minor traffic violations) in any court? <i>If YES, in addition to the affidavit, attach a certified copy of the court records regarding your conviction, the nature of the offense date of discharge, if applicable, as well as a statement from the probation or parole officer.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
I. Have you been diagnosed with or do you have any condition, impairment, or addiction (including but not limited to, substance abuse, alcohol abuse, or a mental, emotional or nervous disorder, or condition) that affects your ability to practice in a safe, competent, ethical, and professional manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
J. Have you been named as a defendant to a civil suit related to your practice or profession (i.e. malpractice, review panel)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

10. Signature	
<p>In signing this application, I do hereby state that I have read, understand, and agree to abide by the rules and regulations promulgated by the Wyoming Board of Hearing Aid Specialist, and W.S. § 33-33-101 through 121. I also agree to adhere to the codes of ethics applicable to my profession and this application. The undersigned, being duly sworn, deposes and says that he or she is the person making the foregoing statements and that they are made in good faith and are true in every respect.. Note: Providing false information to the board is a violation of the board's rules and may be subject to enforcement action.</p>	
Signature	Date

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Certification of Audiometric Equipment Calibration

1. Legal Name & Personal Information		
<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>

2. Employment	
<i>Wyoming Business Name</i>	
<i>Employer's Name</i>	<i>Employer's License #</i>

3. Audiometric Equipment List all equipment to be used for the examination					
Make	Model	Serial Number	Date Calibrated	Technician	Firm Providing Calibration

I, the undersigned, affirm that the audiometer(s) listed herein represent a complete inventory of these instruments being used by myself and/or my employees today to measure human hearing in the practice of fitting, dealing or dispensing of hearing aids. These instruments have been calibrated according to the laws of the State of Wyoming, W.S. 33-35-113, in the dates stated and by the person and organization stated.

4. Signature	
<i>Signature</i>	<i>Date</i>

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Supervision Agreement

Sponsor Name		Sponsor License #	
Temporary Permittee			

TERMS OF SUPERVISION

The Supervisor must:

1. Hold a current license in good standing as a Hearing Aid Specialist in the State of Wyoming for at least one (1) calendar year prior to the application for the temporary permit.
2. Not have any license revocation hearing in process.
3. Not sponsor any other temporary permittee.

The Supervisor agrees to:

1. Assume equal responsibility for all acts and omissions of the permittee within the scope of the sponsorship.
2. Inform the Board in writing of termination of the sponsorship.
3. Supervise the temporary permittee until the temporary permittee passes at least the practical portion of the hearing aid specialist licensure examination, and which supervision allows for the temporary supervision of the permittee by another licensee when the sponsor is temporarily absent. Supervision must be done at a minimum of onsite and readily available.
4. Retain total responsibility for evaluations and fittings performed by the temporary permittee even after termination of employment of the permittee.
5. Review and countersign all sales receipts, audiograms and any other documents pertaining to the sale and fitting of hearing aids and make such countersignatures available to the Board or the Board's authorized representative for a maximum of three years or until an audit by the Board has been completed.

The Permittee agrees to:

1. Identify themselves at all times as a trainee including on the sales receipt, verbally, in writing, and in any advertisements.
2. Abstain from selling hearing aids without supervision.
3. Remain under direct supervision until such time as the permittee passes the practical portion of the examination.
4. Remain under indirect supervision when the permittee has passed the practical portion but not the written portion of the examination.
5. Take the first available licensure examination.

General Terms:

1. A temporary permit issued with supervision may be renewed once (1) upon written request of the permittee and the sponsor and payment of the renewal fee.
2. The permittee must surrender the temporary permit to the Board upon expiration or issuance of a license as a Hearing Aid Specialist, whichever occurs first.

By signing below, both the sponsor and the permittee verify that each has read and understood Wyoming Statutes 33-35-101 through 121, the Board's Rules and Regulations, and the requirements in this form. They both also understand that any violation of Wyoming Statutes, the Board's Rules and Regulations, or the requirements in this form may subject them to suspension or revocation of their licenses.

Permittee's Signature

Date

Supervisor's Signature

Date

