



HEALTH LICENSING OFFICE

Advisory Council on Hearing Aids

1430 Tandem Ave. NE, Suite 180, Salem, OR, 97301

Phone: 503-378-8667 | Fax: 503-370-9004

www.healthoregon.org/hlo | Email: hlo.info@state.or.us

HEARING AID SPECIALIST TEMPORARY LICENSE APPLICATION

1. Applicant Information

APPLICANT NAME: LAST FIRST MIDDLE INITIAL

RESIDENTIAL PHYSICAL ADDRESS (REQUIRED)

CITY STATE ZIP

MAILING ADDRESS (IF DIFFERENT FROM RESIDENTIAL ADDRESS)

CITY STATE ZIP

PHONE: HOME CELL BUSINESS TELEPHONE EMAIL

GENDER BIRTHDATE SOCIAL SECURITY NUMBER (REQUIRED)

Female Male

Have you ever been known under any other name?

No Yes - If yes, list full name(s):

Do you hold or have you previously held licensure, certification or registration with the Health Licensing Office or any other state? No Yes - If yes, please list information below.

State: Lic./Cert./Reg.# Expiration:

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Do not write in this section - Official use only

INITIALS _____ OTC ID VERIFIED - ID Type: _____

Qualified Exam: Oregon Laws/Rules Practical Re-exam

Method of Payment: Visa MasterCard

Discover Cash Check MO PO

AMOUNT: _____

INITIALS: _____

APPROVAL CODE/CK# _____

Method of Payment: Visa MasterCard

Discover Cash Check MO PO

AMOUNT: _____

INITIALS: _____

APPROVAL CODE/CK# _____

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AMOUNT: _____

INITIALS: _____

APPROVAL CODE/CK# _____

2. Individual Records Questions: Please accurately answer all of the questions below. The Office may review your information through the Law Enforcement Data System, other governmental agencies, and private vendors to confirm the accuracy of the information. Any misrepresentation or failure to disclose information may result in disciplinary action.

● Are you now, or have you ever been, the subject of any active or inactive disciplinary action or voluntary resignation of a professional license, certificate, registration or permit imposed by a licensing or regulatory authority in this or any other state? Disciplinary action includes, but is not limited to, probation, suspension, civil penalty, or any other sanction limiting, in any way, a license, certificate, registration or permit. Yes No If yes, please explain (**attach additional pages if necessary**):

● Have you ever been convicted of a misdemeanor or felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list all convictions, including the charges as stated in the court documents and year convicted (attach additional pages if necessary).	Year Convicted

● As of today are you on probation or parole? Yes No If yes, you **must** provide a letter of release from your probation or parole officer authorizing you to obtain an authorization to practice. If you are on bench probation, or probation with the court, you must provide documentation of your conditions of the probation.

As part of your application for initial or renewed occupational or professional license, certification, or registration issued by the Health Licensing Office, you are required to provide your Social Security number (SSN) to the Office. This is mandatory. The authority for this requirement is ORS 25.785, ORS 305.385, 42 USC §405(c)(2)(C)(i), 42 USC § 666(a)(13), and 41 CFR 61.7. Failure to provide your SSN will be a basis to refuse to issue or renew the license, certification, or registration you seek. This record of your SSN is used for child support enforcement and tax administration purposes (including identification). The HLO will use your SSN for these purposes only, unless you authorize other uses of the number. Your SSN will remain on file with the Office.

I have examined this application and certify that it is true, correct, and complete. I understand that knowingly making a false statement on this application will be cause for denial, suspension, or revocation of my license, certification or registration. I have enclosed the required fees and documentation.

Applicant Signature:	Date:
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ORS 181.534, 670.280, 676.608, and 676.612 authorize the Health Licensing Office to conduct criminal background checks and the office requests that you voluntarily provide your Social Security number for this purpose. I understand my application may be subject to a criminal background check.

Before issuing a default final order, the Health Licensing Office must determine the military status of a Respondent, under 50 USC App § 521(b) (Supp. 2005). Your Social Security Number may be used in order to verify your military status (or lack thereof).

If any disciplinary action is taken against your license, certification, or registration, your Social Security Number may be reported to the federal Health Care Integrity and Protection Data Bank (NPDB) under Title IV of Public Law 99-660, the Health Care Quality Improvement Act of 1986 (Title IV); Section 1921 of the Social Security Act (Section 1921); Section 1128E of the Social Security Act (Section 1128E); and their implementing regulations found at 45 CFR Part 60.

I hereby voluntarily consent to disclose my Social Security number to the HLO for criminal background checks, verification of military status, and reports to the Health Care Integrity and Protection Data Bank. Failure to provide your Social Security number for these purposes will not be used as a basis to deny your application, or to deny you any right, benefit or privilege provided by law. If you consent to the use of your Social Security number by the HLO for these purposes, it may be used only for these purposes.

Applicant Signature:	Date:
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3. * (Complete This Section Only If Submitting Payment By Mail) *****

**Method Of Payment For Application Fee = \$150; Temporary License Fee = \$100;
Examination Fee = \$225**

Please check one: Cash Check Money order Purchase order Credit card (see below)

Type of Credit Card: Visa MasterCard Discover (Cardholder must either be the applicant or be present at the time application is submitted) **Do Not Fax or Email Credit Card Information**

Name on card: _____

Card number: _____ Exp: _____ Authorized amount: \$ _____

Cardholder signature: _____

(Do not write in this section – Official use only)

License #: _____ Initials _____ OTC Verified ID Type: _____

4. Affirmative Action – Voluntary Question

The State of Oregon has an Affirmative Action Policy. If you choose to provide this information, it will help us evaluate the effectiveness of our affirmative action programs. This information will also be used in the aggregate (i.e. as a whole, not individually) for research and statistical purposes. It will not be tied specifically or directly to your licensing information.

Ethnic Background (check only one)

- (A) **Asian or Pacific Islander:** Persons having origins in any of the peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.
- (B) **African American (not of Hispanic origin):** Persons having origins in any of the Black racial groups of Africa.
- (H) **Hispanic:** Persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish cultures or origin, regardless of race.
- (I) **American Indian or Alaskan Native:** Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- (W) **Caucasian (not of Hispanic origin):** Persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

REQUIREMENTS FOR TEMPORARY LICENSE APPLICATION

An Applicant for Temporary Licensure Must:

- Meet the requirements of OAR 331 division 30;
- Submit a completed application form prescribed by the HLO, which must contain the information listed in OAR 331-030-0000 and be accompanied by payment of the required application fee = **\$150** and temporary license fee = **\$100** (see method of payment section above);
- Submit **two** forms of acceptable identification as listed in OAR 331-030-0000(8), **both of which must include applicant's current legal name**. Front and back of legible (clear) photocopies if submitted by mail. **Pursuant to OAR 331-030-0000(10) at least one form of identification must be photographic; driver license, state ID card, passport or military ID card;**
- Submit proof of being at least 18 years of age and provide a copy of their birth certificate, or school/military/governmental record with age documented (if not already provided on photographic identification required above);
- Submit a copy of the applicant's high school diploma or General Educational Development (GED) certificate;
- Submit evidence of completion of the required **520 hours of training under the direct supervision of an HLO registered Trainee Supervisor** as required under OAR 331-630-0001(1), (2) and (3)(a)(A), (B) and (C);
- Submit a completed Declaration of Responsibility form with this application; and
- Submit examination fees pursuant to OAR 331-601-0010 = **\$225** - Oregon laws & rules = \$50; and Practical = \$175 (see method of payment section above).

Return All Pages Of This Application And Keep A Copy For Your Records

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TEMPORARY LICENSEE DECLARATION OF RESPONSIBILITY

To be completed by the supervisor and submitted with the temporary license application

1. Designated Supervisor Information

SUPERVISOR'S NAME: (PLEASE PRINT)	SUPERVISOR'S CURRENT HAS LICENSE #
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BUSINESS NAME

BUSINESS ADDRESS

CITY	STATE	ZIP
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BUSINESS PHONE	BUSINESS FAX	BUSINESS EMAIL
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NAME OF TEMPORARY LICENSEE APPLICANT TO BE SUPERVISED

2. Supervisor – Read and Sign

Supervisor Qualifications:

- I attest that I hold a current Oregon hearing aid specialist license and have been actively practicing for at least three years with no current or pending disciplinary action, and with no fines, fees, or civil penalties owing to the agency.

As supervisor of the above named Temporary Hearing Aid Specialist License applicant, I agree to the following:

- The testing, fitting or selling of a hearing aid by the above named temporary hearing aid specialist shall be performed under my authority, control and indirect supervision as the designated supervisor. As the designated supervisor, I will review and approve the temporary hearing aid specialist's work before ordering the recommended hearing aid(s);
- As the designated supervisor I shall exercise management, guidance and control over the activities of the temporary hearing aid specialist; and shall exercise professional judgment and be responsible for all matters relative to the fitting and selling of a hearing aid;
- As the designated supervisor, approval of the temporary hearing aid specialist's work must be documented by my handwritten signature, license number, and date of review and placed adjacent to the temporary hearing aid specialist's signature on any audiogram, order form and office copy of a statement to a prospective hearing aid purchaser;
- As a licensed hearing aid specialist and designated hearing aid specialist temporary licensee supervisor in the State of Oregon, I agree to supervise the above named applicant and to perform all of the activities and duties for which I am responsible pursuant to Oregon Administrative Rule 331-630-0020: and
- I will notify the Health Licensing Office within five (5) days if the temporary licensee ceases for any reason to be under my supervision.

➤ Supervisor Signature:	Date:
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