



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 TRAINEE REGISTRATION 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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2. *** (Complete This Section Only If Submitting Payment By Mail) ***

Method Of Payment For Application Fee = \$100

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)

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

Approval Code/CK# _____

3. Supervisor Information			
SUPERVISOR'S NAME: (PLEASE PRINT)		SUPERVISOR'S CURRENT HAS LICENSE #	
BUSINESS NAME			
BUSINESS ADDRESS			
CITY		STATE	ZIP
BUSINESS PHONE	BUSINESS FAX	BUSINESS EMAIL	
TRAINEE START DATE:		PROJECTED END DATE:	
4. 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.			
<input type="radio"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain (<i>attach additional pages if necessary</i>):			
<input type="radio"/> 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 (<i>attach additional pages if necessary</i>).			Year Convicted
<input type="radio"/> As of today are you on probation or parole? <input type="checkbox"/> Yes <input type="checkbox"/> 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:

Individual Records Questions *(continued)*

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:

5. 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 TRAINEE REGISTRATION APPLICATION

- 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 fees = **\$100** *(see method of payment section above)*; and
- Submit one form of acceptable **photographic** identification as outlined in OAR 331-030-0000(10), **which must include applicant's current legal name:** Front and back of legible (clear) photocopies if submitted by mail; *driver license, state ID card, passport or military ID card*;

Trainee Registration

OAR 331-630-0030

- (1) A trainee, registered under ORS 694.065(1) may deal in hearing aids under the direct supervision of a designated supervisor except that a trainee may not fit or sell hearing aids.
- (2) The HLO will authorize an Oregon licensed hearing aid specialist to act as designated supervisor of a trainee provided the licensee holds a valid license, has been actively practicing for at least three years, and has not had any disciplinary action or civil penalty imposed by the Office.
- (3) A licensed hearing aid specialist must not supervise more than four trainees at any one time.
- (4) A designated supervisor will not provide training as outlined in OAR 331-630-0040 until a trainee registration agreement and *Declaration of Responsibility* has been submitted to the agency.
- (5) A designated supervisor must notify the HLO in writing within five calendar days if the trainee is no longer being supervised and trained, and must provide a *Certification of Training* form to the Office showing the number of hours of training completed.
- (6) A designated supervisor's authorization may be withdrawn for providing incomplete or inadequate training, falsifying documentation, or allowing the trainee to fit or sell hearing aids.

Trainee Program

OAR 331-630-0040

- (1) The Trainee program consists of both practical and theory training.
- (2) Practical training consists of 520 hours of training under the direct supervision of a Trainee Supervisor registered pursuant to OAR 331-630-0035 and must include:
 - a. 60 hours in audiometric testing;
 - b. 60 hours in counseling regarding hearing examination;
 - c. 60 hours in hearing aid selection;
 - d. 60 hours in ear-mold impressions;
 - e. 180 hours in hearing aid fitting and follow-up care;
 - f. 60 hours in business practices, including ethics and regulations and sanitation and infection control; and
 - g. 40 hours in electives in any of the categories listed in subsections a. through e. above.
- (3) Theory training consists of successful completion of the International Hearing Society's Distance Learning Program for Professionals in Hearing Health Sciences.
- (4) Training program materials can be reviewed at <http://www.oregon.gov/oha/hlo/Pages/Board-Advisory-Council-Hearing-Aids-Information.aspx>.
- (5) Trainees who register and are approved to commence their training program before the effective date of this rule may complete their training under the provisions of the rule that was in place at that time. The trainee must complete the training program within 180 days following the effective date of this rule. A trainee failing to complete the program within 180 days must reapply and, if accepted, must begin the program pursuant to provisions of this rule.



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***TRAINEE REGISTRATION AGREEMENT AND
DECLARATION OF RESPONSIBILITY***

Trainee and supervisor to complete and submit with trainee registration application

1. Trainee – Read and Sign

I agree to fulfill the requirements of my training by:

1. Performing the activities required by rule and as described on the Certification of Training form;
2. Working only under the direct supervision of my supervisor, one-on-one during the completion of my training;
3. Developing theory and practical skills by accepting the guidance and assistance provided to me by my trainer;
4. Notifying the HLO in writing within five (5) working days of any problems encountered during my training, or if my training is interrupted or terminated for any reason; and
5. Responding to requests for information from the HLO regarding the progress of my training.

A Trainee May Not Fit Or Sell Hearing Aids

➤ **Trainee Signature:**

Date:

2. Supervisor – Read and Sign

QUALIFICATIONS

Pursuant to OAR 331-630-0035, I attest that:

- I have been licensed for at least four years with no current or pending disciplinary action, and with no fines, fees, or civil penalties owing to the agency, **and I have: (check one or both)**
- Completed the IHS Distance Learning Program for Professionals in Hearing Sciences; Completion Date: _____
- Three or more years of National Board Certification in Hearing Instrument Sciences;
Certification Number: _____ Original Certification Date: _____

➤ **Supervisor Signature:**

Date:

I agree to fulfill the requirements of a supervisor by:

1. Submitting a completed Certification of Training form at the conclusion of training;
2. Assigning activities required by rule and as described on the Certification of Training form to the trainee;
3. Providing direct supervision, guidance, and assistance to the trainee, increasing the complexity of assignments regularly to allow the trainee to develop theory and practical skills necessary for practice;
4. Notifying the HLO in writing within five (5) working days of any problems encountered during this training agreement, or if the training is interrupted or terminated for any reason, including submission of a Certification of Training form showing the number of hours of training completed;
5. Responding to requests for information from the HLO regarding the progress of the training.
6. Not supervising more than four (4) trainee’s at any one time; and
7. Notifying the HLO within five (5) days if the trainee ceases for any reason to be under my supervision.

I, _____, a licensed hearing aid specialist in the State of Oregon, agree to supervise the previously named trainee and to perform all of the activities and duties for which I am responsible pursuant to Oregon Administrative Rule 331-630-0030, and by signing below, I attest to meeting the Supervisor Qualifications indicated above.

➤ **Supervisor Signature:**

Date: