



Board for Hearing Aid Specialists and Opticians
HEARING AID SPECIALIST TEMPORARY PERMIT APPLICATION
Fee \$125.00

A check or money order payable to the **TREASURER OF VIRGINIA**,
 or a completed **credit card insert** must be mailed with your application package.
APPLICATION FEES ARE NOT REFUNDABLE.

1. Do you have a current or expired **temporary permit** issued by the Virginia Board for Hearing Aid Specialists and Opticians?
 No
 Yes If yes, you are not eligible to receive another Virginia Hearing Aid Specialist Temporary Permit.

2. Full Legal Name (As it appears on your government issued ID or other legal documentation.)

_____ Last (required) _____ First (required) _____ Middle _____ Suffix _____

3. Provide at least **one** of the following identification numbers*:

Social Security Number and/or

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Virginia DMV Control Number

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➤ Enter the same identification number as used on examination, previous applications or licenses on file with the department.

* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the **Virginia** Department of Motor Vehicles.

4. Date of Birth _____ (Must be at least 18 years of age.)

MM/DD/YYYY

5. Maiden Name or Former Surname(s) _____

6. Mailing Address (PO Box accepted) _____

The mailing address will be printed on the license.

_____ City _____ State _____ Zip Code _____

7. Street Address (PO Box not accepted) _____

PHYSICAL ADDRESS REQUIRED

Check here if Street Address is the same as the Mailing Address listed above.

_____ City _____ State _____ Zip Code _____

8. Contact Numbers _____

Primary Telephone

Alternate Telephone

Fax

9. Email Address _____

Email address is considered a public record and will be disclosed upon request from a third party.

10. Have you completed high school or a high school equivalency course?

No If no, you are not eligible to receive a Virginia Hearing Aid Specialist Temporary Permit.

Yes If yes, attach an official school transcript.

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
			1020		2102	



**Board for Hearing Aid Specialists and Opticians
 HEARING AID TEMPORARY PERMIT SPONSOR TRAINING & EXPERIENCE AGREEMENT**

The purpose of this Agreement is to establish the obligations of all parties participating in the Virginia Board for Hearing Aid Specialists Temporary Permit Training Program. Both the Temporary Permit Applicant/Holder and Licensed Sponsor are expected to read and comply with the Board's Regulations in its entirety. Portions of the Board's Regulations that specifically apply to the responsibilities of the Temporary Permit Holder and the Licensed Sponsor related to training and experience follow. Please note there are additional qualification requirements.

18VAC80-20-40. Qualifications for a temporary permit:

18VAC80-20-40.A. Any individual may apply for a temporary permit which is to be used solely for the purpose of gaining the training and experience required to become a licensed hearing aid specialist in Virginia. The licensed sponsor shall be identified on the application for a temporary permit.

18VAC80-20-40.A.1. A temporary permit shall be issued for a period of 18 months. After a period of 18 months the former temporary permit holder shall sit for the examination in accordance with this section.

18VAC80-20-40.D. The licensed hearing aid specialist who agrees to sponsor the applicant for a temporary permit shall certify on the *Hearing Aid Specialist Temporary Permit Application* that as a sponsor he/she:

1. Assumes full responsibility for the competence and proper conduct of the temporary permit holder with regard to all acts performed pursuant to the acquisition of training and experience in the fitting and dealing of hearing aids;
2. Will not assign the temporary permit holder to carry out independent field work without on-site direct supervision by the sponsor until the temporary permit holder is adequately trained for such activity;
3. Will personally provide and make available documentation, upon request by the board or its representative, showing the number of hours that direct supervision has occurred throughout the period of the temporary permit;
4. Will return the temporary permit to the department should the training program be discontinued for any reason; and
5. Will not refer the temporary permit holder for testing until they have completed at least six months of training under the permit.

By affixed signatures, the parties named below acknowledge that they have read and agree to comply with the Virginia Board for Hearing Aid Specialists and Opticians Regulations and all requirements, terms, and conditions as established in the *Virginia Board for Hearing Aid Specialist Temporary Permit Sponsor Training Standards*.

 Name of Temporary Permit Applicant

Date _____

 Signature of Temporary Permit Applicant

License No.

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 Name of Licensed Hearing Aid Sponsor

Date _____

 Signature of Licensed Hearing Aid Sponsor