



Division of Licensing Services

New York State
Department of State
Division of Licensing Services
Bureau of Educational Standards
P.O. Box 22001
Albany, NY 12201-2001
(518) 486-3803
www.dos.ny.gov

Technical Hearing Aid Dispenser Instructor Application

PLEASE READ CAREFULLY, AS INCOMPLETE APPLICATIONS WILL BE RETURNED.

- > Individuals who wish to present a course or part of a course determined as hearing aid dispenser related technical subject(s) that do not satisfy the three year experience qualification under Section 192.7(p)(1), must make application to the Department of State certifying their claimed expertise. Approval is granted to individuals based on their qualifications.
- > Attach a resume which certifies the claimed expertise in the subject matter presented in the course.
- > A **one time \$25** non-refundable registration fee must accompany this original, signed application (photocopies are not acceptable). Fees may be paid by check or money order (made payable to the Department of State) or by MasterCard or Visa, using a credit card authorization form. Do not send cash.
- > **CHILD SUPPORT STATEMENT.** A Child Support Statement is mandatory in New York State (General Obligations Law) regardless of whether or not you have children. **Any person who is four months or more in arrears in child support may be subject to having his or her business, professional and driver's licenses suspended.** The intentional submission of a false written statement for the purpose of frustrating or defeating the lawful enforcement of support obligations is punishable pursuant to Section 175.35 of the Penal Law. It is a class E felony to offer a false instrument for filing with a state or local government with intent to defraud.

PLEASE PRINT OR TYPE.

INSTRUCTOR'S NAME _____

HOME ADDRESS (NUMBER AND STREET; APT. NUMBER) _____

CITY _____

STATE _____

ZIP+4 _____

E-MAIL ADDRESS (IF ANY) _____

CURRENT OCCUPATION _____

BUSINESS PHONE NUMBER _____

HOME PHONE NUMBER _____

BUSINESS ADDRESS (NUMBER AND STREET, ROOM/SUITE DESIGNATION) _____

() _____

() _____

CITY _____

STATE _____

ZIP+4 _____

INDICATE TECHNICAL SUBJECT MATTER _____

Have you ever been convicted of a criminal offense that is a misdemeanor or felony or had any license, certification, commission or registration denied, suspended or revoked in this state or elsewhere?

YES*

NO

* If yes, attach a statement of complete details.

Child Support Statement – By signing this application, I certify that as of the date of this application, I am not under an obligation to pay child support **OR** if I am under an obligation to pay child support, I am not four or more months in arrears in the payment of child support, or I am making payments by income execution or by court agreed payment or repayment plan or by plan agreed to by the parties or my child support obligation is the subject of a pending court proceeding, or I am receiving public assistant or supplemental security income.

Applicant Affirmation - In addition, I affirm under the penalties of perjury, that the statements made in my application, including statements made in any accompanying papers, are true and correct.

Applicant's Signature

X _____ Date _____

FOR OFFICE EFFECTIVE DATE: ___/___/___ FEE RECEIVED: \$_____ TO REVENUE: ___/___/___ RECEIPT #: _____

USE ONLY APPROVAL MAILED: ___/___/___ LABEL []

A fee of \$20 will be charged for any check returned by a bank for insufficient funds.