



# 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

## Hearing Aid Dispenser Continuing Education Course Approval Renewal Application

### PLEASE READ CAREFULLY, AS INCOMPLETE APPLICATIONS WILL BE RETURNED.

- » The nonrefundable fee of **\$25** must accompany this original, signed application (photocopies will not be accepted). 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.
- » A nonrefundable fee of **\$25** must be submitted for each additional location.
- » Annual registration period runs from January 1st to December 31st.
- » All instructors must be approved.
- » No classes may begin until final approval is granted.

### PLEASE INDICATE THE COURSE TITLE, CODE NUMBER AND HOURS.

TITLE: \_\_\_\_\_

CODE # H \_\_\_\_\_ COURSE HOURS: \_\_\_\_\_

Check below if this course is being renewed to satisfy either of the following topic requirements:

Infection Control

NY State or Federal Law, Regulations, Professional Conduct

SCHOOL NAME \_\_\_\_\_

ADDRESS (NUMBER AND STREET; ROOM/SUITE DESIGNATION) \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP+4 \_\_\_\_\_

E-MAIL ADDRESS (IF ANY) \_\_\_\_\_

PRIMARY LOCATION (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION) \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP+4 \_\_\_\_\_

SECONDARY LOCATION #1 (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION) \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP+4 \_\_\_\_\_

SECONDARY LOCATION #2 (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION) \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP+4 \_\_\_\_\_

SECONDARY LOCATION #3 (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION) \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP+4 \_\_\_\_\_

1. Is any change being made or is any change contemplated in the presentation of this course in the forthcoming year?

Yes\*

No

\*If Yes, attach explanation of change, and/or detailed course outline.

2. Indicate names and signatures of persons authorized to sign course completion certificates.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
SIGNATURE OF COORDINATOR

(\_\_\_\_\_) \_\_\_\_\_  
BUSINESS PHONE NUMBER

\_\_\_\_\_  
E-MAIL ADDRESS (if any)

\_\_\_\_\_  
DATE

FOR OFFICE USE ONLY EFFECTIVE DATE: \_\_\_ / \_\_\_ / \_\_\_ EXPIRATION DATE: \_\_\_ / \_\_\_ / \_\_\_ ENTERED: \_\_\_ / \_\_\_ / \_\_\_ BY: \_\_\_\_\_ LABEL [ ]

FEE RECEIVED: \_\_\_\_\_ TO REVENUE: \_\_\_ / \_\_\_ / \_\_\_ APPROVAL MAILED: \_\_\_ / \_\_\_ / \_\_\_ RECEIPT #: \_\_\_\_\_