

HEARING AID DISPENSER CONTINUING EDUCATION COURSE APPROVAL APPLICATION

PLEASE READ CAREFULLY, AS INCOMPLETE APPLICATIONS WILL BE RETURNED.

- All applications must be submitted **60 DAYS BEFORE** the proposed course is to be conducted.
- The non-refundable 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 the enclosed credit card authorization form. Do not send cash.
- A non-refundable fee of **\$25** must be submitted for each additional location.
- Annual registration period runs from January 1st through December 31st.
- **Attach to application: a detailed course outline with time sequence and other items listed on the back of this application.**

1. WHAT IS THE TITLE AND LENGTH OF THIS COURSE? (There is a minimum of 1 hr. of instruction and a maximum of 20 hrs. of instruction.)

Title _____ Hours _____

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

- Infection Control NY State or Federal Law, Regulations, Professional Conduct

2. EDUCATIONAL ORGANIZATION DATA

SCHOOL NAME _____

ADDRESS (NUMBER AND STREET; ROOM/SUITE DESIGNATION) _____

CITY _____

STATE _____

ZIP+4 _____

E-MAIL ADDRESS (IF ANY) _____

COORDINATOR'S NAME (person authorized to submit application on behalf of entity and responsible for administering Department of State regulations) _____

TELEPHONE _____

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E-MAIL ADDRESS (IF ANY) _____

DOES THIS INDIVIDUAL HOLD A NEW YORK HEARING AID DISPENSER LICENSE? [] YES [] NO

HOME ADDRESS (NUMBER AND STREET) _____

TELEPHONE _____

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CITY _____

STATE _____

ZIP+4 _____

3. PRIMARY COURSE LOCATION

LOCATION ADDRESS (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION) _____

CITY _____

STATE _____

ZIP+4 _____

4. SECONDARY LOCATIONS (Each location requires an additional fee of \$25)

LOCATION ADDRESS (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION) _____

CITY _____

STATE _____

ZIP+4 _____

LOCATION ADDRESS (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION) _____

CITY _____

STATE _____

ZIP+4 _____

OUT OF STATE LOCATIONS: All out-of-state locations must be provided on a separate sheet. No fee is required for these locations.

FOR OFFICE USE ONLY CODE #: _____ EFFECTIVE DATE: ____/____/____ EXPIRATION DATE: ____/____/____ ENTERED: ____/____/____ BY: _____

FEE RECEIVED: _____ TO REVENUE: ____/____/____ APPROVAL MAILED: ____/____/____ RECEIPT #: _____

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

