



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 Equivalency Education Credit Application

PLEASE READ CAREFULLY, AS INCOMPLETE APPLICATIONS WILL BE RETURNED.

- Application and evidence of equivalency credit must be submitted for consideration no later than 30 days prior to the expiration of the hearing aid dispenser registration.
- Do not send a photocopy of this application.
- No fee is required for this application.

THIS APPLICATION IS A REQUEST FOR CONTINUING EDUCATION EQUIVALENCY CREDIT FOR NEW YORK STATE REGISTERED HEARING AID DISPENSERS BASED ON THE FOLLOWING: CHECK THE BOX THAT APPLIES TO YOU AND SUBMIT THE REQUESTED INFORMATION.

- OUT OF STATE EDUCATION NOT APPROVED BY THE DEPARTMENT OF STATE**
Please submit official documentation of satisfactory completion and an official course outline which includes a breakdown of topics and hours.
- INSTRUCTOR OF APPROVED HEARING AID DISPENSER QUALIFYING OR CONTINUING EDUCATION COURSES**
(one hour of continuing education credit for each hour of instruction during a registration cycle)
Please submit statement from course coordinator(s) indicating qualifying and/or continuing education courses taught by you and a copy of your instructor approval letter. Credit shall not be awarded for teaching the same course more than once in a registration cycle.

PLEASE PRINT OR TYPE

APPLICANT'S NAME _____

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

CITY _____

STATE _____

ZIP+4 _____

CURRENT OCCUPATION _____

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

CITY _____

STATE _____

ZIP+4 _____

BUSINESS TELEPHONE NUMBER _____

HOME TELEPHONE NUMBER _____

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Application Affirmation: I subscribe and affirm under the penalties of perjury that the statements made in this application (including statements made in any accompanying papers) have been examined by me and to the best of my knowledge and belief are true and correct.

Applicant's Signature _____ Date _____

FOR OFFICE USE ONLY REGISTRATION TERM _____ HOURS OF CREDIT _____

REGISTRATION NUMBER _____ APPROVAL/DENIAL MAILED _____