



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 Telecoil and Other Assistive Listening Devices

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 OF COORDINATOR

SIGNATURE

(_____) BUSINESS PHONE NUMBER

PRINT NAME

E-MAIL ADDRESS (if any)

SIGNATURE

DATE

FOR OFFICE USE ONLY EFFECTIVE DATE: ___/___/___ EXPIRATION DATE: ___/___/___ ENTERED: ___/___/___ BY: _____ LABEL []

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