

Colorado Division of Registrations
Office of Licensing—Hearing Aid Provider
1560 Broadway, Suite 1350
Denver, CO 80202
Phone: (303) 894-7800
FAX: (303) 894-7693
www.dora.state.co.us/registrations

APPLICATION FOR LICENSE—HEARING AID ASSOCIATE

APPLICANT INSTRUCTIONS

Mandatory Practice Act. Colorado has a mandatory practice act, which means that you may not practice as a Hearing Aid Associate in this state without a Colorado license. Submission of this application does not guarantee licensure. Therefore, do not make life or career decisions based on the probability that you may receive a license. Plan ahead for the time it will take for us to receive all required documents and complete our evaluation.

About the Application. This application is to be completed by you and returned to the Office of Licensing. All questions on the application are mandatory, and all supporting documents must be submitted with the application. You may copy as many forms as needed; however, each form submitted must be completed in original ink or typed. Keep a copy of the completed application and supporting documents for your records.

Application Expiration. Your application will be kept on file for one (1) year from date of receipt in the Division. Your file will be purged if you do not submit required documents and complete your application process in one year. You will need to resubmit a new application packet and fee after that time.

Social Security Number is Required. Effective January 1, 2009, a Social Security Number is required for all licensees. The Division will consider an application to be incomplete when the applicant fails to submit his/her Social Security Number. Exceptions are made for foreign nationals not physically present in the United States and for non-immigrants in the United States on student visas who do not have a Social Security Number. These applicants must submit a signed Social Security Number Affidavit in lieu of a Social Security Number. You may call (303) 894-7800 to request that an affidavit be mailed to you.

Disclosure of Addresses. Consistent with Colorado law, all addresses and phone numbers on record with the Division are public record and must be provided to the public when requested. It is your responsibility to keep your address and contact information up-to-date in our database. All letters, renewal notices, and licenses are mailed to the last known address of record. **If your address is not current, it is possible you will not receive important documents.** You can change your address online by using Registrations Online Services at www.doradls.state.co.us.

License Expiration. In Colorado, licensure as a hearing aid associate is a **one-time** license valid for only 36 months. The period of time cannot be extended.

Checking Your Application Status. Visit Registrations Online Services at www.doradls.state.co.us to track your application from the date we log it in our database to the date your license is printed. Please allow us enough time to receive the application through the mail and enter your application into our database before you check the website. We recommend waiting at least 10 business days from date of mailing before checking the status of your application. (To check your application online, you must have a Social Security Number.)

APPLICANT CHECKLIST

To be licensed as a Colorado Hearing Aid Associate:

- Complete the attached application.** Return the completed application and all supporting documentation to the Office of Licensing.
- Enclose the non-refundable application processing fee.** See page 1 of the application form for current fees. Fees may be paid by a check or money order drawn in U.S. dollars on a U.S. bank and made payable to *State of Colorado*. All fees are non-refundable and subject to change every July 1.
- Provide documentation of any name change.** If your name has changed since you obtained a previously-issued license, or if your name is different on any of your supporting documentation, you must provide a copy of the legal document verifying the name change (i.e., marriage license, divorce decree, or court order).
- Submit the attached *Completion of Training Verification* form** verifying that you have completed training. The form must be completed and signed by your supervisor.

Return your completed application packet and all supporting documentation to:

Division of Registrations
Office of Licensing—Hearing Aid Provider
1560 Broadway, Suite 1350
Denver, CO 80202



IMPORTANT NOTICE

TO: All Applicants

FROM: Rosemary McCool, Director, Division of Registrations

SUBJECT: Licensure and Criminal History

Thank you for your interest in becoming a licensed* professional within the Division of Registrations. Before you submit your application, please be aware of a few facts regarding criminal conduct, convictions, and disciplinary actions in other states.

The mission of the Division of Registrations is “public protection through effective licensure and enforcement.” One way the Division safeguards consumers is by issuing licenses to fully qualified, competent, and ethical applicants.

During the licensing process – and depending on the specific application – the Division will ask whether you have ever been disciplined in any state, arrested, charged, convicted, or pled guilty to a crime. An arrest, subsequent criminal conviction, or disciplinary action is not an automatic disqualification from licensure. Instead, the appropriate board or program will look at the facts surrounding the criminal conduct and disciplinary action to determine whether you are fit for licensure. You should know that licensure is a privilege, not a right. One thing you must do to obtain the privilege is to be completely honest on your application.

Be sure to list all relevant complaints, disciplinary actions, arrests, charges, or convictions in response to the licensure questions. Failure to fully disclose could constitute grounds alone for denial of your application or revocation of your license. More important, avoid some of the common excuses we have heard from people who failed to disclose, such as:

- My attorney told me I didn’t have to disclose the criminal conduct or disciplinary actions.
- I didn’t think the prior conduct had anything to do with the profession.
- I didn’t think the disciplinary action, arrest, charges, or conviction was still on my record.
- I didn’t think it was subject to disclosure because I received a deferred sentence/judgment.

Remember, there is no excuse not to disclose disciplinary actions and criminal conduct. Even after licensure, you are still required to notify your professional licensing board or program about subsequent convictions and disciplinary actions in other states.

The Division conducts audits of its licensing database against several criminal and national disciplinary databases. This allows the Division to verify the truthfulness of your application and track subsequent criminal and disciplinary conduct after initial licensure. Keep in mind, you will not necessarily be revoked or denied a license if you have been disciplined, arrested, charged or convicted, but you will most likely be denied or revoked if you fail to disclose it.

**The word "license" is used as a general term. While most of the professions and occupations are licensed, others may be registered, certified, or listed. For precise terminology and requirements related to a profession or occupation, please consult the [website](#) of the appropriate board or program.*



The content of this application must not be changed. If the content is changed, the applicant may be referred to the Colorado State Attorney General's Office for violation of Colorado law.

Fees may be paid by check or money order drawn in U.S. dollars on a U.S. bank and made payable to *State of Colorado*.

PART 1—APPLICANT INFORMATION

Colorado Hearing Aid Provider Trainee License Number:			
Name: Last:	First:	Middle:	Suffix:
Previous Name(s):			
Social Security Number: *	Date of Birth (mm/dd/yyyy):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Place of Birth (city and state, or foreign country):			
Mailing Address:		PO Box, Street:	
This is a <input type="checkbox"/> Home <input type="checkbox"/> Business		City, State, Zip:	
Daytime Telephone Number: ()		E-mail Address:	
		Preferred method for communication: <input type="checkbox"/> Mail <input type="checkbox"/> E-mail	
Name of Current Employer:			
Employer's Address:		PO Box, Street:	
		City, State, Zip:	

PART 2—LICENSE INFORMATION

Are you now, or have you ever been, licensed, certified, or registered to practice as a hearing aid provider by another local, state, or national health care agency? YES NO

If **YES**, provide information below (if needed, attach an additional sheet in the same format).

<u>State</u>	<u>License Number</u>	<u>Year license issued</u>	<u>Disciplinary action against license?</u>	<u>Is this license active/current?</u>
_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

*Social Security Number Disclosure: Section 24-34-107(1) of the Colorado Revised Statutes requires that every application by an individual for a license issued pursuant to the authority set forth in title 12, C.R.S., by the Department of Regulatory Agencies, shall require the applicant's social security number. Disclosure of your social security number is mandatory for purposes of establishing, modifying, or enforcing child support under § 14-14-113 and § 26-13-126, C.R.S.; locating an individual who is under an obligation to pay child support as required by § 26-13-107(3)(a)(I)(A), C.R.S.; and reporting to the Health Integrity and Protection Data Bank as required by 45 CFR §§ 61.1 *et seq.* Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Disclosure of your social security number is voluntary for disclosure to other state regulatory agencies, testing and examination vendors, law enforcement agencies, and other private federations and associations involved in professional regulation for identification purposes only. Your social security number will not be released for any other purpose unless provided for by law.

PART 3—SCREENING QUESTIONS

You must provide the following for each “YES” response to the screening questions below:

- An explanation, signed and dated by you, of your behavior or practice that led to the occurrence, including:
 - Date(s) of event/offense
 - Description of event/offense
 - Location/court
 - Current status/outcome

You may be required to provide the following:

- Copies of legal documents relating to the event/offense.
- Copies of legal documents indicating your compliance with any requirements imposed upon you.

- | | |
|---|--|
| 1. Has any license, certificate, or registration as a hearing aid provider ever been suspended or revoked? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 2. Are there any charges or complaints pending against any license, certificates, or registration as a hearing aid provider? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 3. Has any disciplinary action ever been taken against any license, certificate, or registration as a hearing aid provider? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 4. Have you ever been convicted or accepted a plea of guilty or <i>nolo contendere</i> or received a deferred sentence in any court to a crime involving fraud, deception, false pretense, theft, misrepresentation, false advertising, or dishonest dealing? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 5. Have you ever been convicted or accepted a plea of guilty or <i>nolo contendere</i> or received a deferred sentence in any court to a felony? | <input type="checkbox"/> YES <input type="checkbox"/> NO |

ATTESTATION

I state under penalty of perjury in the second degree, as defined in 18-8-503, C.R.S. that the information contained in this application is true and correct to the best of my knowledge. In accordance with 18-8-501(2)(a)(I), C.R.S. false statements made herein are punishable by law and may constitute violation of the practice act.

Applicant Signature

Date

REVIEW YOUR APPLICATION TO CONFIRM IT IS COMPLETE AND YOU HAVE ANSWERED ALL QUESTIONS. USE THE APPLICANT CHECKLIST TO ENSURE YOU HAVE MET ALL REQUIREMENTS AND SUBMITTED ALL REQUIRED DOCUMENTATION.

**COMPLETION OF TRAINING VERIFICATION
HEARING AID TRAINEE**

Name of Colorado Hearing Aid Trainee:	Hearing Aid Trainee License Number:	
Name of Supervisor:	Telephone Number: ()	
<p>The above-named person, who is licensed as a hearing aid provider trainee, has completed a minimum of 300 hours of on-site supervised practice as a hearing aid provider. This individual is now competent to perform the following activities without my presence:</p> <ul style="list-style-type: none"> • Taking and reviewing case histories. • Otoscopy. • Hearing tests including air conduction and bone conduction with proper masking. • Speech testing including SRT, MCL, UCL, and discrimination with proper masking. • Interpretation of hearing tests and making medical referrals as necessary. • Taking of ear impressions including standard and completely in canal. • Fitting and post-fitting counseling including the delivery of the hearing aids, how to insert and remove the hearing aids, change batteries, and instructing the user and family as to expectations and performance. • Checking for proper fit and progress, and making needed adjustments. • Verification of hearing aid performance to determine if the hearing aid is correcting and conforming to the hearing loss as expected. <p>I understand that I must continue to monitor and sign all audiograms performed by the associate named herein, and approve all orders for hearing aids. I agree to notify Hearing Aid Provider Licensure within ten (10) business days if the associate leaves my supervision other than through obtaining full licensure.</p>		
Supervisor Signature	License Number	Date