

## APPLICANT INSTRUCTIONS

**Mandatory Practice Act.** Colorado has a mandatory practice act, which means that you may not practice as a Hearing Aid Provider 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.

**Basic Requirements.** Requirements for licensure are outlined in the Colorado Revised Statutes, specifically 12-5.5-201, and the Rules and Regulations. Both can be found online at [www.dora.colorado.gov/professions/hearingaidproviders](http://www.dora.colorado.gov/professions/hearingaidproviders).

**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 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 and all supporting documentation 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 one 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 Online Services at [www.dora.colorado.gov/professions/onlineservices](http://www.dora.colorado.gov/professions/onlineservices).

**License Expiration and Grace Period.** All applicants who are issued a license within 120 days of the upcoming renewal expiration date will be issued a license with the subsequent expiration date. For example, licenses issued between December 1, 2013 and March 31, 2014 will reflect a license expiration date of March 31, 2016. Licenses issued prior to December 1, 2013 will reflect an expiration date of March 31, 2014 and must renew in the upcoming renewal period.

- All Colorado Hearing Aid Provider licenses expire on March 31 of even-numbered years and must be renewed to continue practicing.

**Checking Your Application Status.** Visit Online Services at [www.dora.colorado.gov/professions/onlineservices](http://www.dora.colorado.gov/professions/onlineservices) to track your application from the date we log it in our database to the date your registration 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.

### APPLICANT CHECKLIST

To apply for a Colorado **Hearing Aid Provider** license by **Original** method:

- Complete the attached application.** Return the completed application and all supporting documentation to the Office of Licensing.
- Enclose the non-refundable application processing fee.** 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.
- Complete and return the attached Affidavit of Eligibility form.** Pursuant to C.R.S. 24-34-107, all applicants for licensure are required to complete and sign an Affidavit of Eligibility, and may also be required to provide a copy of a secure and verifiable document.
- 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 verification of passing the National Competency Examination (NCE) offered by the National Board for Certification in Hearing Instrument Sciences (NBC-HIS)** by sending either a copy of your certificate, notification letter, or wallet card.

—OR—

- Verification of passing the International Licensing Examination (ILE)**

—AND—

- Six months of training with an Audiologist or licensed Hearing Aid Provider (make sure that you and your supervisor complete and submit the “Verification of Completion of Training as an Apprentice” form, which is attached to the end of this application, after your 6 months of initial training as a licensed apprentice has been successfully completed pursuant to Rule 3.B.3 of the [Hearing Aid Provider rules](#) or Rule 7.B.3 of the [Audiology rules](#).**

—OR—

- An Associate’s degree in hearing aid fitting and dispensing by an accredited, recognized, or approved education program**
- Submit verification of licensure from other states.** If you are or ever have been licensed in another state, request that a verification of licensure be sent directly to our office from all states in which you have been licensed, certified, or registered to dispense, fit, or deal in hearing aids.

**Return your completed application packet and all supporting documentation to:**

Division of Professions and Occupations  
**Office of Licensing—Hearing Aid Provider**  
1560 Broadway, Suite 1350  
Denver, CO 80202



# Dora

Department of Regulatory Agencies

**Lauren Larson**  
**Director, Division of Professions and Occupations**

---

## IMPORTANT NOTICE

**TO:** All Applicants  
**FROM:** Director of the Division of Professions and Occupations  
**SUBJECT:** Licensure and Criminal History

Thank you for your interest in becoming a licensed\* professional within the Division of Professions and Occupations. 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 Professions and Occupations 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 may 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. Rather, the appropriate board or program will look at the facts surrounding the criminal conduct and disciplinary action in addressing your license application. You should know that licensure is a privilege, not a right. One thing you must do to obtain the privilege is to be complete and accurate in disclosing information on your application.

Be sure to list all relevant complaints, disciplinary actions, arrests, charges, or convictions in response to the appropriate licensure questions. **Failure to fully and accurately disclose requested criminal history information, alone, could constitute grounds for denial of your application or revocation of your license.** When requested, you must include information regarding prior conduct. This remains the case when the conduct is seemingly unrelated to the activities of a profession, and when the conduct involves deferred sentences or judgments.

Remember, even following licensure, you are still required to notify your professional licensing board or program about subsequent convictions and disciplinary actions in other states.

Please be aware that 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, your license will not necessarily be revoked, or your application denied, if you have been disciplined, arrested, charged or convicted. But, you will most likely be denied or revoked if you fail to disclose requested information.

*\*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.*



**Colorado Department of Regulatory Agencies**  
 Division of Professions and Occupations  
 1560 Broadway, Suite 1350  
 Denver, CO 80202

**Licensee/Applicant Full Legal Name**

Last	First	Middle	Suffix

**Colorado Professional or Occupational License/Certification/Registration Number:** \_\_\_\_\_  
 (if already licensed)

**Professional or Occupational License/Certification/Registration type applying for:** \_\_\_\_\_

**AFFIDAVIT OF ELIGIBILITY**

Pursuant to H.B. 06S-1009, C.R.S. 24-34-107, ALL applicants for original licensure\* or licensees renewing or reinstating a current Colorado license after January 1, 2007 are required to complete and sign this Affidavit of Eligibility.

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

**Section A: LAWFUL PRESENCE in the United States**

1.  I am a U.S. citizen. Check one of the acceptable secure and verifiable documents in Section B that applies and fully complete the information requested. Complete documentation must be provided upon request.
2.  I am not a U.S. citizen, but I am lawfully present in the U.S. and authorized by the Department of Homeland Security to be employed in the U.S. Check one of the acceptable secure and verifiable documents in Section B that applies and fully complete the information requested. Complete documentation must be provided upon request.
3.  I am not physically present in the U.S. under 8 U.S.C. sec. 1621 (c)(2)(c) or employed in the U.S. pursuant to 8 U.S.C. sec. 1621 (c)(2)(a). Check one option, a or b below, then skip to Section C. (Do not complete Section B.)
  - a.  I am a U.S. citizen, not physically present or employed in the United States.
  - b.  I am a Foreign National, not physically present or employed in the United States.

**Section B: SECURE AND VERIFIABLE DOCUMENTS**  
 Select ONE document in this section if you checked 1 or 2 in Section A.

Government Issued Identification	Name of state agency or federal agency that issued the document	Full name as shown on driver's license or state/federal issued ID	License/ID Number	Expiration Date (mm/dd/yyyy)
<input type="checkbox"/> Driver's license or permit				
<input type="checkbox"/> Government issued ID card				
<input type="checkbox"/> Valid U.S. military ID/common access card				
<input type="checkbox"/> Colorado Department of Corrections inmate ID				
<input type="checkbox"/> Tribal ID card				
<input type="checkbox"/> U.S. passport				
<input type="checkbox"/> Certificate of Naturalization				

**Section B: SECURE AND VERIFIABLE DOCUMENTS (continued)**

<b>Government Issued Identification</b>	<b>Name of state agency or federal agency that issued the document</b>	<b>Full name as shown on driver's license or state/federal issued ID</b>	<b>License/ID Number</b>	<b>Expiration Date (mm/dd/yyyy)</b>	
<input type="checkbox"/> Certificate of (U.S.) Citizenship					
<input type="checkbox"/> Valid Temporary Resident card					
<input type="checkbox"/> Valid I-94 issued by Canadian government					
<input type="checkbox"/> Valid I-94 with refugee/asylum stamp					
<input type="checkbox"/> Valid I-766 (Employment Authorization Card)			<b>Issuing federal agency:</b>		
<b>Name on card</b>	<b>Alien Number (A#)</b>	<b>Card Number</b>	<b>Valid from (mm/dd/yyyy)</b>	<b>Expires (mm/dd/yyyy)</b>	
<input type="checkbox"/> Valid I-551 (Resident Alien or Permanent Resident Card)			<b>Issuing federal agency:</b>		
<b>Name on card</b>	<b>Alien Number (A#)</b>	<b>Country of birth</b>	<b>Card expires (mm/dd/yyyy)</b>	<b>Resident since (mm/dd/yyyy)</b>	
<input type="checkbox"/> Valid foreign passport with an unexpired visa with proper classification for work authorization, and an unexpired I-94					
<b>Issuing foreign country</b>	<b>Passport Number</b>	<b>Visa Number</b>	<b>Visa Class (ex.: J-1, P-1, H-1B, etc.)</b>	<b>Date of entry (mm/dd/yyyy)</b>	<b>Until date (mm/dd/yyyy)</b>
<input type="checkbox"/> Valid foreign passport bearing an unexpired "Processed for I-551" stamp or with an attached unexpired "Temporary I-551" visa					
<b>Issuing foreign country:</b>			<b>Passport Number:</b>		

**Section C: ATTESTATION**

- I understand that this sworn statement is required by law because I have applied for or hold a professional or commercial license regulated by 8 U.S.C. sec. 1621. I understand that state law requires me to provide proof that I am lawfully present in the United States when asked as well as submission of a secure and verifiable document. I may also be required to provide proof of lawful presence.
- I understand that in accordance with sections 18-8-503 and 18-8-501(2)(a)(I), C.R.S., false statements made herein are punishable by law. I state under penalty of perjury in the second degree, as defined in 18-8-503, C.R.S. that the above statements are true and correct.
- I am the person identified above and the information contained herein is true and correct to the best of my knowledge. I understand that under Colorado law, providing false information is grounds for denial, suspension or revocation of a license, certificate, registration or permit.
- I understand that the above information must be disclosed to the Department of Regulatory Agencies upon request and is subject to verification.

\_\_\_\_\_  
Print Full Legal Name

\_\_\_\_\_  
Signature (Full Name)

\_\_\_\_\_  
Date



**PART 3—EDUCATION AND EXPERIENCE**

Provide the following information regarding your degree(s) in hearing aid fitting and dispensing from an accredited school:

Name of School	Location (City and State)	Dates of Attendance	Degree	Date of Graduation

Provide a list of all credentials awarded to you that are related to the practice of dispensing, fitting, or dealing in hearing aids, including any certificates of competency or entry level licensing examinations in hearing aid fitting and dispensing that you have completed/passed:

Credential	Credentialing Agency	Date Awarded

Have you completed six (6) months of training with a licensed audiologist or hearing aid provider in the state of Colorado?  YES  NO

If **YES**, provide the below information and complete the attached form at the bottom of this application:

Supervisor's Name and License	Location	Dates of Training

List the length of time and the locations where you have been engaged in the practice of dispensing, fitting, or dealing in hearing aids:

Name of Business	Location	Length of Time

**PART 4—MILITARY QUESTIONS**

1. Are you a Member of the U.S. military?  YES  NO  
 ➤ If **YES**, provide information below:

Branch:	Duty Station:
---------	---------------

2. Are you the spouse of an active duty military member who has been relocated to Colorado and hold a currently valid and active credential to practice your profession in another state?  YES  NO  
 ➤ If **YES**, refer to the *Military Spouse Exemption Form* available on our website at:  
[www.dora.colorado.gov/professions/military](http://www.dora.colorado.gov/professions/military).

**PART 5—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 issued to you in order to dispense, fit, or deal in hearing aids ever been disciplined, suspended or revoked?     | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 2. Are there any charges or complaints pending against any license, certificate, or registration issued to you in order to dispense, fit, or deal in hearing aids? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 3. Have you ever been convicted of, accepted a plea of guilty or <i>nolo contendere</i> to, or received a deferred sentence in any court for the following:        |  |
| • A felony?  | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| • A crime involving fraud, deception, false pretense, theft, misrepresentation, false advertising, or dishonest dealing?   | <input type="checkbox"/> YES <input type="checkbox"/> NO |

**PART 6—MAINTAINING CUSTOMER RECORDS**

By checking this box, I attest that I have developed a written plan to ensure the maintenance of customer records in compliance with C.R.S. 12-5.5-206 and [Rule 5](#).

**ATTESTATION**

I state under penalty of perjury in the second degree, as defined in C.R.S. 18-8-503, that the information contained in this application is true and correct to the best of my knowledge. In accordance with C.R.S. 18-8-501(2)(a)(I), 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.**



**VERIFICATION OF COMPLETION OF TRAINING  
AS AN APPRENTICE**

<b>Name of Colorado Hearing Aid Apprentice:</b>	<b>Hearing Aid Apprentice License Number:</b>
<b>Name of Supervisor:</b>	<b>Telephone Number: (     )</b>
<p>The above-named person, who is licensed as a hearing aid provider apprentice, has completed at least the first 6 months of training under direct supervision, including a minimum of 300 documented hours of on-site supervised training as a hearing aid apprentice in the following areas:</p> <ul style="list-style-type: none"> <li>• Taking and reviewing case histories.</li> <li>• Otoscopy.</li> <li>• Hearing tests including air conduction and bone conduction with proper masking.</li> <li>• Speech testing including SRT, MCL, UCL, and discrimination with proper masking.</li> <li>• Interpretation of hearing tests and making medical referrals as necessary.</li> <li>• Taking of ear impressions including standard and completely in canal.</li> <li>• 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.</li> <li>• Checking for proper fit and progress, and making needed adjustments.</li> <li>• Verification of hearing aid performance to determine if the hearing aid is correcting and conforming to the hearing loss as expected.</li> </ul> <p>This individual is now competent to continue performing the above activities under my direct supervision and/or pass the ILE in order to apply for a license as a hearing aid provider.</p> <p>I understand that I must continue to monitor and sign all audiograms performed by the apprentice named herein, and approve all orders for hearing aids. I agree to notify the Office of Hearing Aid Provider Licensure within ten (10) business days if the apprentice leaves my supervision other than through obtaining full licensure as a hearing aid provider.</p>	
<b>Supervisor Signature</b>	<b>License Number</b>
<b>Date</b>	