Colorado Division of Professions and Occupations
Office of Licensing—Hearing Aid Provider
1560 Broadway, Suite 1350
Denver, CO 80202
Phone: (303) 894-7800 / Fax: (303) 894-7693
www.dora.colorado.gov/professions

APPLICATION FOR LICENSE—HEARING AID PROVIDER TRAINEE

APPLICANT INSTRUCTIONS

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

Training Begins. No person may practice as a trainee or associate prior to being issued a license. Any work prior to the issuance of a HAT or HAA license will not apply as training hours toward the associate status.

License Expiration. In Colorado, a license to train as a Hearing Aid Provider is valid for only 36 months. The period of time cannot be extended.

Checking Your Application Status. Visit Online Services at www.dora.colorado.gov/professions/onlineservices 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 apply for a Colorado **Hearing Aid Provider Trainee** license:

- ☐ **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).
- ☐ **Have the individual supervising your training complete the Supervision Agreement** section of this application.
- ☐ **Obtain verification of licensure from all states in which you have been licensed, certified, or registered to practice as a hearing aid provider.** Request that the verification be returned to you and include it in its original sealed envelope with your application packet.

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

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 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.*

1560 Broadway, Suite 1350 Denver, Colorado 80202 Phone 303.894.7800
Fax 303.894.7693 www.dora.state.co.us V/TDD 711

Consumer Protection

Division of Professions and Occupations
Office of Licensing–Hearing Aid Provider
(303) 894-7800 / Fax (303) 894-7693
www.dora.colorado.gov/professions

Application
HEARING AID PROVIDER TRAINEE
Fee: **$25**

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

Name: Last:	First:	Middle:	Suffix:
Previous Name(s):			
Social Security Number: *	**Date of Birth** (mm/dd/yyyy)**:**	**Gender:** ☐ Male ☐ Female	
Place of Birth (city and state, or foreign country)**:**			
Mailing Address: *This is a* ☐ *Home* ☐ *Business*	PO Box, Street: City, State, Zip:		
Daytime Telephone Number: ( )	**E-mail Address:** Preferred method for communication: ☐ Mail ☐ E-mail		

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).

State	License Number	Year license issued	Disciplinary action against license?	Is this license active/current?
			☐ YES ☐ NO	☐ YES ☐ NO
			☐ YES ☐ NO	☐ YES ☐ NO
			☐ YES ☐ NO	☐ YES ☐ 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 not provided for by law.

OFFICE USE ONLY **LICENSE NUMBER:** _____ **DATE ISSUED:** _____

APPLICANT NAME: _____

PART 3—MILITARY QUESTIONS

1.	Are you a Member of the U.S. military? ➢ If **YES**, provide information below:	☐ YES ☐ NO
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? ➢ If **YES**, refer to the *Military Spouse Exemption Form* available on our website at: www.dora.colorado.gov/professions/military.	☐ YES ☐ NO

PART 4—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?	☐ YES ☐ NO
2.	Are there any charges or complaints pending against any license, certificates, or registration as a hearing aid provider?	☐ YES ☐ NO
3.	Has any disciplinary action ever been taken against any license, certificate, or registration as a hearing aid provider?	☐ YES ☐ NO
4.	Have you ever been convicted or accepted a plea of guilty or *nolo contendere* or received a deferred sentence in any court to a crime involving fraud, deception, false pretense, theft, misrepresentation, false advertising, or dishonest dealing?	☐ YES ☐ NO
5.	Have you ever been convicted or accepted a plea of guilty or *nolo contendere* or received a deferred sentence in any court to a felony?	☐ YES ☐ NO

APPLICANT NAME: _____

PART 5—SUPERVISION AGREEMENT

THIS PART MUST BE COMPLETED BY THE SUPERVISING HEARING AID PROVIDER

***NOTE**: The supervisor must be a Colorado licensed hearing aid provider in physical proximity to the trainee. In the event that the supervisory relationship terminates, this license will no longer be valid. You will then need to submit the name of a new supervisor to our office for your license to be reissued.*

No person may practice as a trainee or associate prior to being issued a license. Any work prior to the issuance of a hearing aid trainee (HAT) license will not apply as training hours toward the hearing aid associate (HAA) status.

Name of Current Employer:

Employer's Address: PO Box, Street:
City, State, Zip:

Name of Supervisor: | **Telephone Number:** ( )

I certify that the above named individual will be serving as a hearing aid provider trainee under my direct supervision from (issue date of HAT license) to _____ at _____.

I agree to notify the Division of Professions and Occupations, Office of Licensing—Hearing Aid Provider if this training is terminated for a reason other than successful completion before the ending date above.

_____

Supervisor Signature **License Number** **Date**

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.