

Hearing Aid Specialist Application for Licensure



**Board of Hearing Aid Specialists
P.O. Box 6330**

Tallahassee, FL 32314-6330

Website: www.floridashearingaidspecialists.gov

Email: MQA.HearingAid@flhealth.gov

Phone: (850) 245-4292

Fax: (850) 413-6982





Are you an active-duty member of the United States Armed Services?

Are you a veteran of the United States Armed Services?

Are you the spouse of a veteran of the United States Armed Services?

Are you the spouse of an active member of the United States Armed Services?

If you answered “Yes” to any of these questions, you may qualify for a reduction in your application fees. You can find information about the Florida Department of Health’s commitment to serving members and veterans of the United States Armed Forces and their families online at

<http://www.flhealthsource.gov/valor>.



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**Do Not Write in this Space
For Revenue Receiving Only**

Pursuant to Rule 64B6-3.001(2), Florida Administrative Code, the license fee must be post-marked within 90 days of the notification of licensure eligibility or your eligibility certification becomes null and void and you must reapply for licensure. Your eligibility notice is the date listed on the Official Score.

Hearing Aid Specialist (3601) \$325.00

Total fee of \$325.00 includes the following:

Licensure Fee	\$320.00
Unlicensed Activity Fee	\$5.00

Fees must be paid in the form of a cashier’s check or money order, made payable to the Department of Health.

1. PERSONAL INFORMATION

Name: _____ **Date of Birth:** _____
Last/Surname First Middle MM/DD/YYYY

Mailing Address: (The address where mail and your license should be sent)

Street/P.O. Box Apt. No. City

State ZIP Country Home/Cell Telephone

Physical Location: (Required if mailing address is a P.O. Box- This address will be posted on the Department of Health’s website.)

Street (Place of Employment) Apt. No. City

State ZIP Country Work/Cell Telephone

EQUAL OPPORTUNITY DATA:

We are required to ask that you furnish the following information as part of your voluntary compliance with 41 CFR Part 60-3-Uniform Guidelines on Employee Selection Procedure (1978); 43 FR 38295 and 38296 (August 25, 1978). This information is gathered for statistical and reporting purposes only and does not in any way affect your candidacy for licensure.

Gender: Male	Race: Native Hawaiian or Pacific Islander	Hispanic or Latino	White
Female	American Indian or Alaska Native	Black or African American	Asian
	Two or More Races		

Email Notification: To be notified of the status of your application by email, check the “Yes” box and fill in your email address on the line provided. If you choose to be notified via email you will be responsible for checking your email regularly and updating your email address with the board office.

Yes No Email Address: _____

Under Florida law, email addresses are public records. If you do not want your email address released in response to a public records request, do not provide an email address or send electronic mail to our office. Instead contact the office by phone or in writing.

I recognize that providing false information may result in disciplinary action against my license or criminal penalties pursuant to section 456.067, Florida Statutes.

Florida law requires me to immediately inform the board of any material change in any circumstances or condition stated in the application which takes place between the initial filing and the final granting or denial of the license and to supplement the information on this application as needed.

Section 456.013(1)(a), Florida Statutes, provides that an incomplete application shall expire one year after the initial filing with the department.

Applicant Signature _____ Date _____
You may print out the application and sign it or sign digitally. MM/DD/YYYY