



STATE OF TENNESSEE
TENNESSEE DEPARTMENT OF HEALTH
OFFICE OF HEALTH LICENSURE AND REGULATION
665 MAINSTREAM DR
NASHVILLE, TN 37243
www.tn.gov/health
615 741-5735

Council for Hearing Instrument Specialists

Dear Applicant:

In response to your request, this packet contains information relative to obtaining licensure as a hearing instrument specialist.

The requirements for application are supported by Council rules and regulations and T.C.A. 63-17-101 et seq. It is imperative that you read the instructions, rules and regulations, and statute carefully prior to applying. Application and examination fees are nonrefundable and all documents submitted to the Council become a part of your HIS file and are not returnable. Submission of an application is not a permit to participate in any testing or fitting for a hearing aid. The Council hereby gives warning that it has the power to verify all information provided within this application. Incomplete, misleading or inaccurate information could result in automatic denial of the application.

It is suggested that documents required in the instructions be requested upon receipt of the packet. Supporting documents requested in the instructions must be received in the Council administrative office within 30 days of receipt of your application. Upon initial review of your application, a deficiency letter will be sent to you by certified mail if your application is incomplete or the supporting materials have not arrived in this office. Upon notification of a deficiency, the file must be completed within 30 days or the file will be closed and you will be required to reapply. When the application is deemed "administratively complete" you will receive written instructions as to how to proceed to the next step toward licensure.

PLEASE NOTE: Application review and processing time can take as long as 6-8 weeks from the date the application was received in our office. We will respond to questions regarding the status of an application by mail and remind you that excessive calls may delay the processing of applications. Every effort is made to keep you informed of the status of your file and to process your application in a timely, efficient manner.

INSTRUCTIONS

Read the below instructions, which will assist you in completing the application and submitting exactly the items needed by the Council to determine your eligibility for licensure. *It is imperative that you read the instructions, rules and regulations, and statute carefully prior to applying.*

- 1 Application must be typed or printed.
- 2 Fees. Make check or postal money order payable to the State of Tennessee. All fees are nonrefundable.
- 3 Official college transcript. It is the applicant's responsibility to request a transcript be submitted directly from the college to the Council office. The transcript must carry the official seal of the college. If your name has changed since you received the degree, have the school reference both of your names.
- 4 Photograph. An original, recent (12 months) passport type.
- 5 A certified or notarized copy of the applicant's birth certificate or naturalization papers must accompany application.
- 6 Physician's Certification attesting to the fact that in his/her professional opinion you are free of contagious or infectious disease.
- 7 Outline of Program of Supervision. Apprentice applicants must submit either (1) an original letter, on official stationery, from their sponsor or (2) the enclosed outline of program of supervision form. The information must include sponsor's name, business address, phone number, place you will be working, outline of your planned training (including hours you will be working), and a list of all study material you will be using while being supervised.
8. Out-of-State Verification. Verification from each state where you hold or have held a license. Since most Boards require payment for this service, we suggest that you contact them prior to forwarding Attachment 2.
Reciprocity applicants must submit evidence that you have passed the IHS Examination. This evidence must be submitted to the council directly from the International Hearing Society.
9. A criminal Background Check is required for all methods of licensure. For instructions to obtain a criminal background check click here: <http://health.state.tn.us/CBC/> or go to the Noteworthy section of the Board's website.
10. Mail your application, fee and supporting materials to:
COUNCIL FOR HEARING INSTRUMENT SPECIALISTS
665 MAINSTREAM DR
NASHVILLE TN 37243
Materials not addressed as indicated above may not reach the Council office thus delaying the application process for you. Whenever corresponding with the Council, always reference your name, profession, social security number and Council.
11. From the date your application is mailed, please allow seven to ten (7-10) working days for the material to reach the Council office. "Overnight mail" is handled as "routine" mail by the Council office and requires the same time frame.
12. **We will respond to questions regarding the status of an application by mail and remind you that excessive calls may delay the processing of applications. Every effort is made to keep you informed of the status of your file and to process your application in a timely, efficient manner.**

REMEMBER, SUBMISSION OF AN APPLICATION IS NOT A PERMIT TO PARTICIPATE IN ANY TESTING OR FITTING OF A HEARING AID.

Licensure Process - Includes the following steps, in sequence:

1. Submit application, supporting documents, and fees to Council administrative office.
2. Application and supporting documents reviewed.
3. Written notification of eligibility or ineligibility to sit for IHS examination, if applicable.
4. Schedule for exam.
5. Written notification of exam results and eligibility or ineligibility to sit for practical examination.
6. Schedule to sit for next available exam.
7. Written notification of exam results and eligibility/ineligibility for licensure.

APPRENTICE

Qualifications

1. At least 18 years of age
2. Education two (2) years of accredited college-level coursework
3. Free of contagious or infectious disease

Checklist - Identifies materials which constitute a complete application for HIS license by apprentice:

- ___ HIS Application (complete Attachment 1 also)
- ___ Official college transcript
- ___ Photograph, passport size.
- ___ Notarized Copy of Birth certificate or naturalization papers
- ___ Document that changed your name (Marriage certificate, divorce decree, court order), IF APPLICABLE
- ___ Declaration of Citizenship form
- ___ Fees (\$260.00)
- ___ Physicians certification

HEARING INSTRUMENT SPECIALIST BY UPGRADE FROM APPRENTICE

Qualifications

Holds a current Tennessee apprentice license

Checklist - Identifies materials which constitute a complete HIS by upgrade from apprentice file.

- ___ Application
- ___ Affidavit from supervisor that training has been completed, including 60 hours of classroom training
- ___ Fees (\$635.00)

HEARING INSTRUMENT SPECIALIST BY RECIPROCITY

Qualifications

1. At least 18 years of age
2. Education two (2) years of accredited college-level coursework
3. Free of contagious or infectious disease
4. Original license must have been issued based on passing score as determined by the IHS.

Checklist - Identifies materials which constitute a complete HIS application by reciprocity.

- ___ Application form (complete Attachment 2 also)
- ___ Official college transcript
- ___ Photograph, original, passport size.
- ___ Birth certificate or naturalization papers
- ___ Declaration of Citizenship form
- ___ Fees (\$635.00)
- ___ Document that changed your name (Marriage certificate, divorce decree, court order), IF APPLICABLE
- ___ Physician's Certification
- ___ Verification of licensure from each state where you hold or have held a license
- ___ Verification submitted directly from IHS of exam scores

IF YOUR LICENSE WAS NOT BASED ON THE ABOVE, YOU WILL NOT QUALIFY FOR LICENSURE BY RECIPROCITY AND WILL NEED TO FILE AN APPLICATION FOR LICENSURE BY EXAMINATION!

HEARING INSTRUMENT SPECIALIST BY EXAMINATION

Qualifications

- 1 At least 18 years of age
- 2 Education two (2) years of accredited college-level coursework
- 3 Free of contagious or infectious disease

Checklist – Identifies materials which constitute a complete HIS application by Examination.

- ___ Application form (complete Attachment 2 also, if applicable)
- ___ Official college transcript
- ___ Photograph, original, passport size.
- ___ Birth certificate or naturalization papers
- ___ Declaration of Citizenship form
- ___ Document that changed your name (Marriage certificate, divorce decree, court order), IF APPLICABLE
- ___ Fees (\$635.00)
- ___ Physician's Certification

1. Study guides may be obtained by visiting the following website: www.webassessor.com/ihs.
2. Upon being deemed eligible, your information will be submitted to IHS, who will then contact you by email, to advise you how to schedule the exam, and to send you a copy of the Study Guide.
3. After you take the exam, IHS will notify the Board administrative office of the results. Examination results will then be mailed to you, with additional information to advise you of your next step in the licensing process. PLEASE NOTE: **Examination results are not provided by telephone or by email.**

GENERAL APPLICATION INFORMATION

1. Application review and processing can take 6-8 weeks from the date your application was received. Please do not call or email to check the status of your application, as this will only delay the review process. You will be notified in writing, by mail, of any missing information.
2. Application deadline. Statute requires that your application and all supporting materials be in the Council's administrative office 45 days prior to the examination date. If your materials are received and your file is complete you will receive a response as to eligibility/ineligibility for the next scheduled IHS written examination.
3. Files which are incomplete on the application deadline date will be reviewed during the next review cycle. **THERE ARE NO EXCEPTIONS!** Please consider this fact when planning your submission and allow a minimum of two weeks to correct any deficiencies. If a deficiency is discovered during the preliminary review, written notification will be sent to you by mail.

Do you engage in private practice? [] Yes [] No

If yes, give location:

LICENSURE INFORMATION

List below ALL STATES, COUNTRIES, OR PROVINCES IN WHICH YOU HAVE EVER BEEN OR ARE CURRENTLY LICENSED, PERMITTED OR CERTIFIED as a Hearing Instrument Specialist. Additional pages may be added if necessary. Submit a copy of the Licensure verification form to all such states, countries, or provinces regarding such licensure, certification, or permit. Use the back of this page if you need additional space.

STATE	LICENSE NUMBER	DATE ISSUED	CURRENT STATUS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List below **ALL** states, countries, or provinces in which you hold or have ever held a license, certification, or permit as a health professional other than a Hearing Instrument Specialist. Submit a copy of the Licensure verification form to all such states, countries, or provinces regarding such licensure, certification, or permit. Use the back of this page if you need additional space.

STATE	LICENSE NUMBER	DATE ISSUED	CURRENT STATUS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IMPORTANT
COMPETENCY INFORMATION

PLEASE ANSWER THE FOLLOWING QUESTIONS. If any answers to the questions in this part are in the **affirmative** attach an explanation on a separate sheet. ***In support of your explanation, the final documents or orders from the issuing states, courts, and/or agencies must be submitted along with this application.***

For the purposes of these questions, the following phrases or words have the following meanings:

1. **"Ability to practice the fitting and dispensing of hearing aids"** is to be construed to include all of the following:
 - a. The cognitive capacity to make appropriate judgments and to learn and keep abreast of developments in the industry;
 - b. The ability to communicate those judgments and pertinent information to patients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and
 - c. The physical capability and manual dexterity to perform tasks such as visual physical examination of the ear with or without the use of aids or devices, such as corrective lenses or hearing aids.
2. **"Medical Condition"** includes physiological, mental, or psychological conditions or disorders, such as, but not limited to; orthopedic, visual, speech, and/or hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction, and alcoholism.
3. **"Chemical substances"** is to be constructed to include alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.
4. **"Currently"** does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather it means recently enough so that the use of drugs or alcohol may have an ongoing impact on one's functioning as a Licensee, or within the past two (2) years.
5. **"Illegal use of controlled substances"** means the use of controlled substances obtained illegally (e.g. heroin or cocaine) as well as the use of controlled substances which are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

QUESTIONS:

YES NO

- | | | | |
|----|--|-------|-------|
| 1. | Do you currently have a medical condition, which in any way impairs or limits your ability to practice the fitting and dispensing of hearing aids. | _____ | _____ |
| a. | If yes, are they reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program? | _____ | _____ |
| b. | If you have any limitations or impairments caused by an existing medical condition, are they reduced or ameliorated because of the field of practice, the setting, or the manner in which you have chosen to practice? | _____ | _____ |

[If you receive such ongoing treatment or participate in such a monitoring program, the Council will make an individual assessment of the nature, the severity and the duration of the risks associated with an ongoing medical conditions so as to determine whether an unrestricted license should be issued, whether conditions should be imposed, or whether you are ineligible for licensure.]

2. Do you currently use chemical substances? _____
- If yes, do they in any way impair or limit your ability to practice medicine with reasonable skill and safety? _____
3. Are you currently engaged in the illegal use of controlled substances? _____
- If yes, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaged in the illegal use of controlled substances? _____
4. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, or voyeurism? _____
5. If you have ever held or applied for a license to practice the fitting and dispensing of hearing aids in any state, country or province, has it ever been denied, reprimanded, suspended, restricted, revoked or otherwise disciplined, curtailed, or voluntarily surrendered under threat of investigation or disciplinary action? _____
6. Have you ever failed a Licensure Examination for the fitting and dispensing of hearing aids? _____
7. Have you ever been convicted of a felony or a misdemeanor other than a minor traffic violation? _____
8. Have you ever been rejected or censured by the International Hearing Society's Grievance Committee? _____
9. In relation to the performance of your professional services in any profession:
- a. Have you ever had a final judgment rendered against you? _____
 - b. Have you ever had settlement of any legal action rendered against you? _____
 - c. Are there any legal actions pending against you or to which you are a party? _____
10. If you have ever held a license or certificate in any health care profession, has it ever been reprimanded, suspended, restricted, revoked, or otherwise disciplined, curtailed, or voluntarily surrendered under threat of investigation or disciplinary action? _____

PLACE PHOTO HERE.

AFFIDAVIT OF APPLICANT APPLICANT'S CONSENT AND RELEASE

In the applying for certification or licensure in the State of Tennessee, I HEREBY:

- SIGNIFY MY WILLINGNESS to appear to answer such questions as the Council may find necessary and which may include a full Council interview:
- AUTHORIZE THE COUNCIL, its staff and their representatives to consult with my prior and current associates and others who may have information bearing on my professional competency, character, health status, ethical qualifications, ability to work cooperatively with others, and other qualifications;
- CONSENT TO THE RELEASE of such information;
- RELEASE FROM LIABILITY the Council, its staff, and all their representatives for their acts performed and statements made in good faith and without malice in connection with evaluating my application, my credentials, and my qualifications;
- RELEASE FROM LIABILITY any and all organizations which provide information in good faith and without malice concerning my professional competence, ethics, character, and other qualifications for licensure;
- ACKNOWLEDGE THAT I, as an applicant for certification or licensure, have the burden of producing adequate information for a proper evaluation of my professional, ethical, and other qualifications and for resolving any doubt about such qualifications.

In order to comply with federal statutes, the Council for Hearing Instrument Specialists is obligated to inform each applicant or licensee from whom it requests a social security number that disclosing such number is mandatory in order for this Board to comply with the requirements of the federal Healthcare Integrity and Protection Data Bank and/or the National Practitioner Data Bank. If the Board is required to make a report about one of its applicants or licensee to either or both of these data banks, it must report that individual's social security number. This application will not be complete if the social security number is omitted. The number will be used for identification purposes and for such other purposes as are allowed by state and federal law.

I hereby authorize release, use and disclosure of otherwise HIPAA protected health information to the limited extent necessary for my application to receive full consideration up to and including discussion in a public forum should that become necessary.

THIS CERTIFIES THAT THE INFORMATION SUBMITTED BY ME IN MY APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE

DATE

In the state of _____, and county of _____

_____, of _____, being duly sworn and identified as the person referred to in this application for a license to practice as a hearing aid dispenser or HIS apprentice in the State of Tennessee, attests to the truth of each statement made in said application. He/she further swears that he/she has read and understands the law and the rules and regulations which were enclosed in the application packet and agrees to abide by them while in practice in the State of Tennessee and acknowledges said instrument by him/her executed, to be his/her free act and deed.

NOTARY SEAL:

Sworn to before me, this _____ day of _____, _____.

_____ My commission expires _____

Notary Public Signature

PHYSICIAN'S CERTIFICATION

This is to certify that _____ is free of any contagious or infectious diseases.

Physicians' Signature

Date

Business Address

City, State, Zip Code

Office Phone

ATTACHMENT 1



**TENNESSEE DEPARTMENT OF HEALTH
OFFICE OF HEALTH LICENSURE AND REGULATION
665 MAINSTREAM DR
NASHVILLE, TN 37243
www.tn.gov/health**

OUTLINE OF PROGRAM SUPERVISION

This is to inform the Council for Licensing Hearing Instrument Specialists that _____
APPRENTICE'S NAME

will be working under my supervision at _____
COMPANY NAME

ADDRESS CITY STATE

during the hours of _____. If any field appointments are made,
_____ will be working with him/her.

Business Phone Number (_____) _____ - _____

The following subjects will be covered:

<u>Topics</u>	<u>Hours</u>
_____	_____
_____	_____
_____	_____
_____	_____

In addition to case histories and audiometric data used in my office, the following training materials will be used:

If I can be of further assistance, you may contact me by calling _____.

Supervisor's Signature

Date

HIS License Number _____

ATTACHMENT 2



**TENNESSEE DEPARTMENT OF HEALTH
OFFICE OF HEALTH LICENSURE AND REGULATION
665 MAINSTREAM DR
NASHVILLE, TN 37243
www.tn.gov/health**

COUNCIL FOR LICENSING HEARING INSTRUMENT SPECIALISTS

Please complete top portion and forward one to each state where you hold or have held a certificate/license to practice as a Hearing Instrument Specialist. Extra copies may be photocopied if needed.

***** PART
A – To Be Completed By the Applicant

CERTIFICATION FROM OTHER STATE COUNCILS

I am applying for a Tennessee Hearing Instrument Specialist License by reciprocity, I was granted certification/license # _____ on _____ by the State of _____.

The Tennessee State Council for Licensing Hearing Instrument Specialists requests that I submit evidence that my certificate/license in the State of _____ is in good standing.

You are hereby authorized to release any information in your files, favorable or otherwise, directly to:

TENNESSEE COUNCIL FOR LICENSING HEARING INSTUMENT SPECIALISTS
227 FRENCH LANDING, STE 300
HERITAGE PLACE METROCENTER
NASHVILLE TN 37243

Your early attention is appreciated.

Signature: _____

Print Name: _____

PART B – To Be Completed by the Certifying Board

EXECUTIVE OFFICE OF STATE BOARD:

NAME: _____ Certificate/License Number _____

Date Issued _____ Licensed By: _____ Exam _____ Reciprocity

Written Exam Administered by IHS? _____ Yes _____ No

If Yes – was exam proctored by member of the state’s licensing board or designee? _____ Yes _____ No

SCORES FROM IHS SECTIONS: I: ____ IV: ____ VII: ____ X: ____

II: ____ V: ____ VIII: ____

III: ____ VI: ____ IX: ____

Is license current? (Circle One): Y N

Licensed By: ____ Exam ____ Reciprocity

Derogatory Information: _____

STATE COUNCIL

SIGNATURE AND TITLE

(SEAL)

DATE

Return to: COUNCIL FOR HEARING INSTRUMENT SPECIALISTS
665 MAINSTREAM DR
NASHVILLE, TN 37243

- a) Permanent Residents
- b) A nonimmigrant applicant for a professional or commercial license whose visa for entry into the United States is related to such employment, or a nonimmigrant under the Immigration and Nationality Act (8 U.S.C. 1101 *et seq.*).
- c) Asylees who meet the qualifications set out in 8 U.S.C. 1158
- d) Refugees who meet the qualifications set out in 8 U.S.C. 1157
- e) Persons who have been "paroled into the United States," under 8 U.S.C. 1182(d)(5) or whose deportation has been withheld under 8 U.S.C. 1253.
- f) Cuban or Haitian entrants as defined by section 501(e) of the Refugee Education Assistance Act of 1980
- g) Persons granted conditional entry into the U.S. under 8 U.S.C. 1153(a)(7) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity.
- h) An alien who has been "battered" or subjected to "extreme cruelty" by a parent or spouse as defined by 8 U.S.C. 1641(c), and also meets the qualifications set out 8 U.S.C. 1641(c)(1)(B). Under the circumstances set out in 8 U.S.C. 1641(c)(2) and (3), victims' children, or the parents of children who are victims, may also apply for benefits as qualified aliens.

Applicants claiming **qualified alien status** (question 7 above), please submit two of the following forms of "documentation of identity and immigration status" as determined by U.S. Homeland Security to be acceptable for verification through the SAVE program. Common types of documents used to verify immigration status are listed below. (Note: If you can provide only one document, your status will be verified through the U.S. Department of Homeland Security's SAVE program):

I-327 (Reentry Permit)

I-551 (Permanent Resident Card or "Green Card")

I-571 (Refugee Travel Document)

I-766 (Employment Authorization Card)

Machine Readable Immigrant Visa (with Temporary I-551 language)

Temporary I-551 stamp (on passport or I-94)

I-94 (Arrival/Departure record)

Unexpired foreign passport

WT/WB Admission Stamp in unexpired foreign passport

I-20 (Certificate of Eligibility for Nonimmigrant F(1) student status- "student visa")

DS2019 (Certificate of Eligibility for Exchange Visitor (J-1) Status)

I affirm under the penalty of perjury that the above is true and correct.

Signed this _____ day of _____, 20__.

Signature

Sworn to before me this _____ day of _____, 20__.

NOTARY PUBLIC

AFFIX SEAL HERE

My Commission Expires: _____

If an applicant is discovered to be an unqualified alien, or otherwise ineligible for benefits under the Act, all recurring benefits provided to that applicant must be immediately terminated. Anyone who purposefully makes a false, fictitious, or fraudulent claim of U.S. citizenship or qualified alien status will be liable under the Tennessee Medicaid False Claims Act, or Tennessee's False Claims Act. Any person who conspires to defraud the state or any local health department by securing a false claim allowed or paid to another person in violation of the Act may be liable under Tennessee's False Claims Act. Upon discovery of an applicant's false, fictitious, or fraudulent claim of U.S. citizenship, state governmental entities and local health departments must also file a criminal complaint with the United States Attorney.