



TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

www.tdlr.texas.gov

HEARING INSTRUMENT FITTERS AND DISPENSERS LICENSE APPLICATION

All new applicants will be required to submit fingerprints to the Texas Department of Public Safety (DPS). Instructions will be emailed to you once your application has been received.

1. NAME – Provide your legal name in the spaces provided. (Last Name, First Name, Middle Name, Suffix) Examples of a suffix include Jr., Sr., and II. (Mr. is not a suffix.)
2. DATE OF BIRTH – Provide your birthdate.
3. SOCIAL SECURITY NUMBER – Social Security Number disclosure is required by Section 231.302(c)(1) of the Texas Family Code in order to obtain a license. Your Social Security Number is subject to disclosure to an agency authorized to assist in the collection of child support payments. For more information regarding child support payments, contact the [Texas Attorney General](#).
4. APPRENTICE PERMIT NUMBER – Provide the number of your current Texas Apprentice Permit.
5. EXPIRATION DATE OF YOUR APPRENTICE PERMIT – Give the date your Apprentice Permit expires.
6. EMAIL ADDRESS – Provide your email address only if you agree to the following statement. By providing my email address I authorize the Texas Department of Licensing and Regulation (TDLR) to send licensing communications and required notices to me by electronic mail. I understand that I may revoke this authorization in writing and that I must update my email address, or I will not receive these notices. I understand that the email address I have provided in this application will remain confidential except as permitted or required by law.
7. PERSONAL PHONE NUMBER – Provide the telephone number, including the area code, where we can reach you during the day. This may be your office phone number where we can leave a message.
8. MAILING ADDRESS – Provide your current mailing address. This is the address where we will send you mail. This address can be a post office box. Add the zip plus-4 to help the postal service deliver mail more efficiently and accurately.
9. CURRENT EMPLOYMENT – Please list the contact information for your current employer
10. ACADEMIC TRAINING – List all high schools, colleges and universities attended and attach additional pages if necessary.
11. POSSESS A PROFESSIONAL LICENSE, OR CERTIFICATE, OR REGISTRATION ISSUED BY ANOTHER STATE, JURISDICTION OR TERRITORY – Indicate by checking box Yes or No. If yes, a license verification form must be completed by the state regulatory agency in each state from which you hold or ever held a license to practice. Give license or certificate number(s), title(s), and the name(s) and address (s) of the jurisdiction(s) issuing the license(s), or certificate(s), or registration(s).
12. DISCIPLINARY ACTION HISTORY – Indicate if you have ever had a professional license, certification, or registration suspended, canceled, revoked, or denied in any state. If yes, complete and attach a [Disciplinary Action Questionnaire \(PDF\)](#) for each disciplinary action.
13. VOLUNTARILY SURRENDERED ANY PROFESSIONAL LICENSE, OR CERTIFICATE, OR REGISTRATION – Indicate by checking the box Yes or No. If yes, briefly describe.
14. CRIMINAL HISTORY – Indicate if you have ever been convicted of, or placed on deferred adjudication for, any Misdemeanor or Felony, other than a minor traffic violation. If YES, complete and attach a [Criminal History Questionnaire \(PDF\)](#) for each offense. If you are worried your criminal history could prevent you from getting this license, Texas allows you to have your criminal history evaluated before you submit your application and non-refundable fee. To request a criminal history evaluation, submit a [Criminal History Evaluation Letter \(PDF\)](#), a completed [Criminal History Questionnaire \(PDF\)](#) for each crime you were convicted of, or placed on deferred adjudication for, and a \$10.00 fee.

REQUIRED FOR ALL NEW APPLICANTS:

Fingerprinting: All new applicants must submit fingerprints for a national criminal history record review. The applicant is responsible for paying the fee associated with this review to the fingerprint service vendor used by Texas Department of Public Safety. Once your completed application is received by TDLR, instructions on how to schedule an appointment to be fingerprinted will be emailed to you. Be sure your email address is current and legible to receive the fingerprinting information. To be eligible for licensing, you must successfully pass a criminal history background check.

15. **STATEMENT OF APPLICANT** – Carefully read the statement before dating and signing your application.

LICENSURE PROCESS:

1. Successfully complete the Temporary Training Permit application, Supervisor's Affidavit, and background check.
2. After obtaining a Temporary Training Permit:
 - a. complete 150-hours of direct supervised practicum and complete 10 hours of masking under direct supervised practicum.
 - b. submit the Supervised Practicum Affidavit.
 - c. take and pass the written test, which is administered by IHS. Take and pass the practical test.
3. Upon passing both the written test and the practical test, complete and submit an Apprentice Permit application, certificate of completion of the jurisprudence test, and Supervisor's Affidavit, with \$205 fee.
4. After obtaining an Apprentice Permit, complete the one-year apprenticeship, including completion of 20 hours of classroom continuing education.
5. Complete and submit a Hearing Instrument Fitter and Dispenser license application with the \$205 fee, and submit all additional required documentation, including completing the fingerprinting process.

CHECKLIST OF REQUIRED DOCUMENTATION TO BE SUBMITTED WITH APPLICATION AND FEE:

- ☐ A certificate of calibration, completed within the last year, for each audiometer used by the licensee, both portable and stationary.
- ☐ Employer's Surety Bond: A sole proprietor, partnership, corporation, or other legal entity engaged in the fitting and dispensing of hearing instruments shall file a bond or a surety in lieu of bond in the amount of \$10,000 with TDLR.
- ☐ Full licensure fee of \$205.00 made payable to the Texas Department of Licensing and Regulation.

APPLICATION INFORMATION FOR MILITARY SERVICE MEMBERS, MILITARY VETERANS AND MILITARY SPOUSES

The Texas Department of Licensing and Regulation recognizes the contributions of our active-duty military service members, their spouses, and veterans. If you want to use one of the licensing options available to military service members, military veterans and military spouses, please complete the [Military Service Member, Military Veteran or Military Spouse Supplemental Application \(PDF\)](#) and attach it with your license application.

If you have additional questions about qualifications, training or experience requirements relating to occupation licensing for military service members, military veterans or military spouses please go to the [TDLR Military Information web page](#).

SEND YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:

TDLR

P.O. Box 12157

Austin, TX 78711-2157

Documents submitted with your application will not be returned. Keep a copy of your completed application, all attachments, and your check or money order. **Do not send cash.**

For additional information and questions, visit the [TDLR website](#) or reach Customer Service via [webform](#). The webform will allow you to submit your request for assistance and include attachments needed. Customer Service Representatives are available Monday through Friday (excluding holidays) at (800) 803-9202 (in state only), (512) 463-6599, or Relay Texas-TDD: (800) 735-2989.

TDLR Public Information Act Policy:

This document is subject to the Texas Public Information Act. With certain exceptions, information in this document may be made available to the public. For more information, view the [TDLR Public Information Act Policy](#).



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**APPLICATION FEE: \$205
(FEE IS NON-REFUNDABLE)**

This completed form must be accompanied by the application fee

APPLICANT INFORMATION

1. Name:

Last First Middle Suffix

2. Birthdate:

MM/DD/YYYY

3. Social Security Number:

See instruction sheet for disclosure information

4. Apprentice Permit Number:

5. Expiration date of your Apprentice Permit:

MM/DD/YYYY

6. Email Address:

Ex: johndoe@gmail.com See instruction sheet for disclosure information

7. Personal Phone Number:

(Area Code) Phone Number

8. Mailing Address:

P.O. Box, Number, Street Name/Apartment Number City State Zip Code+4

9. CURRENT EMPLOYMENT INFORMATION

Employer's Name:

Employer's Phone Number:

(Area Code) Phone Number

Employer's Address:

Street Number, Street Name, Suite Number City State Zip Code+4

Job Title:

Employment Start Date:

MM/DD/YYYY

10. ACADEMIC TRAINING (List all high schools, colleges, and universities attended and attach additional pages if necessary)

Name of High School/College/University/Institution:

Location:

Street Number, Street Name City State Zip Code+4

Inclusive dates attended:

Begin (MM/YYYY)

End (MM/YYYY)

Type of Degree Granted:

Major Field:

ACADEMIC TRAINING (Continued)Name of High School/College/University/Institution:

Location:

Street Number, Street Name

City

State

Zip Code+4

Inclusive dates attended:

Begin (MM/YYYY)

End (MM/YYYY)

Type of Degree Granted:

Major Field:

11. Do you possess professional license(s), certificate(s), or registration(s) issued by another state(s), jurisdiction, or territory?

☐ Yes ☐ No

If yes, a license verification form must be completed by the state regulatory agency in each state from which you hold or ever held a license to practice. Give license, or certificate, or registration number(s), title(s), and the name(s) and address(s) of the jurisdiction(s) issuing the license(s), or certificate(s), or registration(s).

12. Have you ever had a professional license, certification or registration suspended, canceled, revoked or denied in any state?

☐ Yes ☐ No

If YES, complete and submit a Disciplinary Action Questionnaire (DAQ) with this application. This does not include your driver license.

13. Have you ever voluntarily surrendered any professional license, or certificate, or registration?

☐ Yes ☐ No

If answer is yes, briefly state the type of license, or certificate, or registration, the name and address of the agency That issued the license, or certificate, or registration, and the reasons.

14. Have you ever been convicted of, or placed on deferred adjudication for, any misdemeanor or felony, other than a minor traffic violation?

☐ Yes ☐ No

If YES, complete and submit a Criminal History Questionnaire (CHQ) for each offense.

Once your completed application is received, instructions on how to schedule an appointment to be fingerprinted will be emailed to you. Be sure your email address is current and legible to receive the fingerprinting information. See instructions sheet for more information.

15.**STATEMENT OF APPLICANT**

I certify that I have completed at least 20 hours of classroom continuing education in one or more of the following subjects: An apprentice permit holder shall work under the supervision of a license dispenser for a least one year. During the apprentice year, the apprentice permit hold shall complete 20 hours of class room continuing education in one or more of the following approved subjects:

- Basic physics of sound;
- Structure and function of hearing instruments;
- Fitting of hearing instruments;
- Pure tone audiometry, including air conduction testing and bone conduction testing;
- Live voice and recorded voice speech audiometry; masking when indicated for air conduction, bone conduction, and speech;
- Recording and evaluation of audiogram and speech audiometry to determine the candidacy for hearing instruments;
- Selection and adaption of hearing instruments, testing of hearing instruments, and verification of aided hearing instruments performance;
- Taking of earmold impressions;
- Verification of hearing instrument fitting and functional gain measurements using a calibrated system;
- Anatomy and physiology of the ear;
- Counseling and aural rehabilitation of an individual with a hearing impairment for the purpose of fitting and dispensing hearing instruments;
- Use of otoscope for the visual observation of the entire ear canal
- Laws, rules, and regulations of this state and the United States; and
- The proper procedures for sound level measurements.

I certify that I have read and will comply with all applicable provisions of the Hearing Instrument Fitters and Dispensers Act; Texas Occupation Code, Chapter 402 and Chapter 51; and the Hearing Instrument Fitters and Dispensers Administrative Rules; Texas Administrative Code, Chapter 112. I understand that providing false information on this application may result in denial of this application and/or revocation of the license I am requesting and the imposition of administrative penalties.

Applicant's Signature

Date