Hearing Aid Dispenser Continuing Education Course Approval Renewal Application

PLEASE READ CAREFULLY, AS INCOMPLETE APPLICATIONS WILL BE RETURNED.

» The nonrefundable fee of $25 must accompany this original, signed application (photocopies will not be accepted). Fees may be paid by check or money order (made payable to the Department of State) or by MasterCard or Visa, using a credit card authorization form. Do not send cash.

» A nonrefundable fee of $25 must be submitted for each additional location.

» Annual registration period runs from January 1st to December 31st.

» All instructors must be approved.

» No classes may begin until final approval is granted.

» Please indicate the type of course
  ☐ Classroom  ☐ Live Distance Education (Synchronous with Instructor)

PLEASE INDICATE THE COURSE TITLE, CODE NUMBER AND HOURS.

TITLE: __________________________________________

CODE # H ___________________________ COURSE HOURS: _______________________

Check below if this course is being renewed to satisfy either of the following topic requirements:
☐ Infection Control  ☐ NY State or Federal Law, Regulations, Professional Conduct  ☐ Telecoil and Other Assistive Listening Devices

SCHOOL NAME

ADDRESS (NUMBER AND STREET; ROOM/SUITE DESIGNATION)

CITY STATE ZIP+4

E-MAIL ADDRESS (IF ANY)

PRIMARY LOCATION (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION)

CITY STATE ZIP+4

CLASSROOM COURSES ONLY SECONDARY LOCATION #1 (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION)

CITY STATE ZIP+4

SECONDARY LOCATION #2 (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION)

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SECONDARY LOCATION #3 (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION)

CITY STATE ZIP+4

1. Is any change being made or is any change contemplated in the presentation of this course or in the procedures for taking attendance in the forthcoming year? ☐ Yes*  ☐ No  *If Yes, attach explanation of change, and/or detailed course outline.

2. Indicate names and signatures of persons authorized to sign course completion certificates.

PRINT NAME ___________________________ SIGNATURE OF COORDINATOR ___________________________

SIGNATURE ___________________________ BUSINESS PHONE NUMBER ___________________________

PRINT NAME ___________________________ E-MAIL ADDRESS (if any) ___________________________

SIGNATURE ___________________________ DATE ___________________________

FOR OFFICE USE ONLY

EFFECTIVE DATE: ___ / ___ / ___  EXPIRATION DATE: ___ / ___ / ___  ENTERED: ___ / ___ / ___  BY: ___________________ LABEL [ ]

USE ONLY

FEE RECEIVED: _____________  TO REVENUE: ___ / ___ / ___  APPROVAL MAILED: ___ / ___ / ___  RECEIPT #: ___________________