HEARING INSTRUMENT FITTERS AND DISPENSERS
EXTENSION APPLICATION FOR TEMPORARY TRAINING PERMIT INSTRUCTIONS

The application must be completed and signed by the applicant. An application is not considered complete and will not be processed until all required items have been submitted. All information provided must be typed or printed in black ink. Attachments must be submitted on separate pieces of single-sided, 8½” x 11” paper. Use a paperclip to fasten all pages together, with the check or money order on top. Do not use staples.

DOCUMENTS SUBMITTED WITH YOUR APPLICATION WILL NOT BE RETURNED. KEEP A COPY OF YOUR COMPLETED APPLICATION, ALL ATTACHMENTS, AND YOUR CHECK OR MONEY ORDER.

Please note that a Temporary Training Permit may only be extended once, for a period of one year.

1. NAME – Write 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. PERMIT NUMBER – Write the number of your current permit number.
3. PERMIT EXPIRATION DATE – Write the date of expiration for your current permit.
4. DATE OF BIRTH – Write your birthdate.
5. 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 at: www.oag.state.tx.us/child/index or call (512) 460-6000 or (800) 252-8014.
6. EMAIL ADDRESS – Write your email address. Please provide your email address so the department may email license information and required notices to you. Your email address is confidential pursuant to the Texas Public Information Act, and the department will not share it with the public.
7. PERSONAL PHONE NUMBER – Write 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. BUSINESS PHONE NUMBER - Write the telephone number, including the area code, of the business listed.
9. MAILING ADDRESS – Write your current mailing address. This is the address where we will send you mail. This address can be a post office box. You can add the zip plus-4 to help the postal service deliver mail more efficiently and accurately.
10. STATEMENT OF APPLICANT - Carefully read the statement before dating and signing your application.
11. SUPERVISOR’S AFFIDAVIT FOR PERMIT HOLDER – The proposed supervisor will carefully read the affidavit, complete the form, sign and date.

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

Applications will not be processed until all required documents are received. To expedite your application, collect all documents and send them with your application. Having documents sent separately can significantly delay the processing of an application.

☐ Application.
☐ New Supervisor’s Affidavit (included with this application).
☐ Fee of $25.00.
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 (TDLR form MIL001) and attach it with your license application. The form is located on the TDLR website at: http://www.tdlr.texas.gov/misc/militarysupplemental.pdf.

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 at: http://www.tdlr.texas.gov/military.htm.

DEFAULT ON STUDENT LOANS

State law prohibits renewing a license more than once after a licensee has defaulted on a student loan guaranteed by the Texas Guaranteed Student Loan Corporation (TGSLC) unless the licensee has entered into a repayment agreement with TGSLC. YOU SHOULD CONTACT TGSLC BEFORE FILING THIS APPLICATION if you have defaulted on a student loan. An application or renewal may be rejected if this agency has received information from TGSLC that the applicant has defaulted on a student loan. The Texas Guaranteed Student Loan Corporation can be contacted at: Texas Guaranteed ATTN: Collections, PO Box 83100, Round Rock, TX 78683-3100, Telephone: (800) 222-6297, http://www.tgslc.org or email: cust.assist@tgslc.org.
HEARING INSTRUMENT FITTERS AND DISPENSERS
EXTENSION APPLICATION FOR TEMPORARY TRAINING PERMIT

APPLICATION FEE: $25
(FEE IS NON-REFUNDABLE)

This completed form must be accompanied by required affidavit and the application fee

1. Name:

   Last Name
   First Name
   Middle Name
   Suffix

2. Permit Number:

3. Permit Expiration Date:

4. Date of Birth:

   Month    Day        Year

5. Social Security Number:

   See instruction sheet for disclosure information

6. Email Address:

   Ex: johndoe@aol.com

   See instruction sheet for disclosure information

7. Personal Phone Number:

   (              )

   Area Code                                Number

8. Business Phone Number:

   (              )

   Area Code                                  Number

9. Mailing Address:

   (P.O. Box, Number, Street Name/Apartment Number)

   City
   State
   Zip Code

10. STATEMENT OF APPLICANT

    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.

    Signature
    Date
11. HEARING INSTRUMENT FITTERS AND DISPENSERS TEMPORARY TRAINING PERMIT
SUPERVISOR’S AFFIDAVIT

By my signature below, I understand and attest that:

- It shall be the responsibility of each holder of a temporary training permit under this Act to be familiar with and to avoid commission of any acts regarded as unethical practices by the Act. **Full responsibility for the ethical conduct of a temporary permit holder shall rest with the license holder who has agreed to be the permit holder’s supervisor.**
- I will supervise the applicant in all work done by the applicant under the temporary training permit.
- I will notify the department not later than the 10th day after the date of the applicant's termination of supervision.
- I do hereby affirm that I hold a valid license to fit and dispense hearing instruments under Texas Occupations Code, Chapter 401 or 402, other than an individual licensed under §401.311 or §401.312. If I am licensed under Texas Occupations Code, Chapter 401, I shall comply with all provisions of Texas Occupations Code, Chapter 402, and this chapter that relate to the supervision and training of a temporary permit holder.
- On completion of the directly supervised practicum, the temporary training permit holder shall complete the permit holder's training under the indirect supervision of the permit holder's supervisor.

As a supervisor of a temporary training permit holder, I will

- be responsible for the direct supervision and education of a temporary training permit holder.
- directly and indirectly supervise a temporary training permit holder. A supervisor shall provide direct supervision by being located on the premises and available to the temporary training permit holder for prompt consultation. A supervisor shall provide indirect supervision by reviewing daily a temporary training permit holder's patient contact and daily work.
- be responsible for day-to-day supervision of the temporary training permit holder and be ultimately responsible for the service to a client treated by the permit holder.
- observe the permit holder during the practicum, confer with the permit holder after the permit holder's contact with clients, and provide an opportunity for comment on the practicum experience in writing or through conferences, during and after the practicum experience.
- establish that the supervisor is solely responsible for the practicum and daily supervision of the permit holder.
- know and adhere to state and federal laws relating to hearing instrument fitting and dispensing.
- maintain a log of the contact hours by practicum category on a form prescribed by the department. After the temporary training permit holder has completed 150 contact hours, the supervisor and the permit holder shall sign the form, and the form shall be notarized and mailed to the department.
- not supervise more than two temporary training permit holders at one time.

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.

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<thead>
<tr>
<th>Applicant’s Name:</th>
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<td>Supervisor’s Name:</td>
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______________________________  ________________________________  ________________________________  
Signature of Temporary Training Permit Applicant  Date  Signature of Supervisor  Date