TEXAS DEPARTMENT OF LICENSING & REGULATION
P.O. Box 12157 • Austin, Texas 78711-2157
www.tdlr.texas.gov

HEARING INSTRUMENT FITTERS AND DISPENSERS APPRENTICE PERMIT APPLICATION

An applicant for an apprentice permit must successfully pass a criminal history background check.

LICENSE OR PERMIT REQUIRED. A person may not represent that the person is authorized to fit and dispense hearing instruments, or use in connection with the person's name, any designation tending to imply that the person is authorized to engage in the fitting and dispensing of hearing instruments, unless the person holds a license or is otherwise authorized to do so under this chapter.

Prior to completing this form, you must read the law, Texas Occupations Code, Chapter 402, and the program rules, 16 Texas Administrative Code Chapter 112. Do not complete the applicant's affidavit if you have not read the program law and rules.

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 III. (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***.
   If you do not have a Social Security Number, you must complete the ***Social Security Number Status Certification*** form. See additional information at ***Verification of Lawful Presence***.
4. TEMPORARY TRAINING PERMIT NUMBER – Provide your current Texas Temporary Training Permit number.
5. EXPIRATION DATE OF YOUR TEMPORARY TRAINING PERMIT – Provide the date your Temporary Training 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. SUPERVISOR'S NAME – Provide your supervisor's legal name in the spaces provided. (Last Name, First Name, Middle Name, Suffix) Examples of a suffix include Jr., Sr., and III. (Mr. is not a suffix.).
10. SUPERVISOR'S LICENSE NUMBER – Provide your supervisor's Texas Hearing Instrument Fitters and Dispensers License number.
11. CURRENT EMPLOYMENT – Please list the contact information for your current employer.
12. ACADEMIC TRAINING – List all high schools, colleges and universities attended and attach additional pages if necessary.
13. 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).
14. 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.
15. VOLUNTARILY SURRENDERED ANY PROFESSIONAL LICENSE, OR CERTIFICATE, OR REGISTRATION – Indicate by checking the box Yes or No. If yes, briefly describe.

16. 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 submitting your application and pay non-refundable fees. 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.

17. STATEMENT OF APPLICANT – Carefully read the statement before signing and dating 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 10 hours of continuing education in one or more of the approved subjects during the **one-year** permit time frame. No more than five hours can be completed through online courses. Note that virtual courses are not considered online courses.
5. Complete and submit a Hearing Instrument Fitter and Dispenser license application with the $205 fee and submit all additional required documentation.

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 and the $205.00 fee.
- ☐ Supervisor's Affidavit (included with this application).
- ☐ Submit a certificate of completion of the Jurisprudence Examination.

Please note: Applicants must hold a valid Texas Temporary Training Permit and must have successfully passed both the International Licensing Examination for Hearing Instrument Dispenser written test and the Texas Practical State Licensing Examination in order to apply for an Apprentice Permit.

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: $205.00

(FEE IS NON-REFUNDABLE)

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

APPRENTICE'S INFORMATION

1. Name:

Last | First | Middle | Suffix

2. Birthdate: MM/DD/YYYY

3. Social Security Number: See instruction sheet for disclosure information

4. Temporary Training Permit Number:

5. Expiration date of your Temporary Training 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

SUPERVISOR'S INFORMATION

9. Supervisor's Name:

Last Name | First Name | Middle Name | Suffix

10. Supervisor's Texas License #:

11. CURRENT EMPLOYMENT INFORMATION INFORMATION

Employer's Name:

(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

12. 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:

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:

13. 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).

14. 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.

15. 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.

16. 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.
See instructions sheet for more information

17. 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 of Applicant | Date Signed

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HEARING INSTRUMENT FITTERS AND DISPENSERS APPRENTICE PERMIT SUPERVISOR'S AFFIDAVIT

An apprentice permit holder shall work under the supervision of a license holder for at least one year. During the apprentice year, the apprentice permit holder shall complete 20 hours of classroom continuing education as required by Section 402.303 for a license holder.

§112.43. Apprentice Permit--Supervision Requirements.
(a) An apprentice permit holder shall work under the direct or indirect supervision of a license holder for at least one year.
(b) The supervisor shall periodically conduct a formal evaluation of the applicant's progress in the development of professional skills.
(c) A supervisor of an apprentice permit holder is responsible for services to the client that may be performed by the apprentice permit holder. The supervisor must ensure that all services provided are in compliance with the Act and this chapter.
(d) The apprenticeship must be done under the direct or indirect supervision of an individual authorized to supervise permit holders who holds a valid license to fit and dispense hearing instruments in the State of Texas under Texas Occupations Code, Chapter 401 or 402, other than a person licensed under §401.311 or §401.312.
(e) The supervisor must submit written notification of cessation of supervision to the department and the apprentice permit holder within ten (10) days of cessation of supervision on a department-approved form or in a manner prescribed by the department.
(f) The apprentice permit holder shall give written notice to the department of the transfer of supervision within ten (10) working days of change in supervisor on a department-approved form or in a manner prescribed by the department.
(g) The supervisor's agreement form must be completed by the apprentice permit holder and the supervisor or supervisors on a department-approved form or in a manner prescribed by the department.
(h) Notwithstanding the supervision provisions in this section, the department may establish procedures, processes, and mechanisms for the monitoring and reporting of the supervision requirements.

Applicant's Name:

Last Name	First Name	Middle Name	Suffix

Supervisor's Name:

Last Name	First Name	Middle Name	Suffix

Supervisor's License #:

TDLR License Number

Business Name:

Business Phone Number:

(Area Code) Phone Number

Employer's Address:

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

STATEMENT OF AGREEMENT

By the signatures below, we certify that we 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. We understand that providing false information on this application may result in denial of this application and/or revocation of the license we are requesting and the imposition of administrative penalties.

Signature of Apprentice Permit Applicant/Holder — Date

Signature of Supervisor — Date