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

HEARING INSTRUMENTS FITTERS AND DISPENSERS LICENSE APPLICATION FOR OUT-OF-STATE LICENSE HOLDERS INSTRUCTIONS

All out-of-state applicants must submit fingerprints to the Texas Department of Public Safety (DPS). Instructions are included with this application.

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. STATE OF CURRENT LICENSURE – Provide the state in which you are currently licensed.
5. CURRENT LICENSE NUMBER – Provide your current license number.
6. CURRENT LICENSE ISSUANCE DATE – Provide the date your current license was issued.
7. CURRENT LICENSE EXPIRATION DATE – Provide the expiration date of your current license.
8. 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.
9. PERSONAL PHONE NUMBER – Provide a 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.
10. MAILING ADDRESS – Provide your current mailing address.
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 you submit your application and 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 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.

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

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.
- ☐ Written verification that the applicant is licensed in good standing as a fitter and dispenser of hearing instruments in another state.
- ☐ Written verification that:
  (A) the requirements to obtain a license to fit and dispense hearing instruments in the state in which the applicant is licensed include passing the International Licensing Examination for Hearing Instrument Dispenser (ILE) written examination; **or**
  (B) the applicant holds a certification issued by the Board of Certification for Hearing Instrument Sciences (BC-HIS).
- ☐ A written statement from the licensing entity in the state in which the applicant is licensed that details any disciplinary action taken by the entity against the applicant.
- ☐ Receipt of submission of fingerprints using Fast Pass to Texas Department of Public Safety.

If the department approves an application, the applicant must take the Texas Hearing Instrument Fitters and Dispensers Practical State Licensing Examination and the Fitters and Dispensers of Hearing Instruments Jurisprudence Examination required under §112.22 and §112.26. If the applicant passes the practical test and completes the jurisprudence test required under this section, and meets all other requirements, the department shall issue to the applicant a hearing instrument fitter and dispenser license under this chapter.

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. Current License Issued by State:

5. Current License Number

6. Current License Issuance Date: MM/DD/YYYY

7. Current License Expiration Date: MM/DD/YYYY

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

9. Personal Phone Number: (Area Code) Phone Number

10. Mailing Address:

P.O Box, Street Number, Name, Apt/Ste Number | City | State | Zip Code+4

11. CURRENT EMPLOYMENT INFORMATION 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

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

ACADEMIC TRAINING (Continued)

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.
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.

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.

Applicant's Signature _____ Date _____