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

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

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 – 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. PERMIT NUMBER – Provide the number of your current permit number.
3. PERMIT EXPIRATION DATE – Provide the date of expiration for your current permit.
4. DATE OF BIRTH – Provide your birth date.
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***.
   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***.
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. BUSINESS PHONE NUMBER – Provide the telephone number, including the area code, of the business listed.
9. 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.
10. STATEMENT OF APPLICANT – Carefully read the statement before signing and dating 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.

- ☐ Complete Application and Fee of $25.00 (Fees are non-refundable)
- ☐ New Supervisor's Affidavit (included with this application).

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***.

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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HEARING INSTRUMENT FITTERS AND DISPENSERS EXTENSION APPLICATION FOR TEMPORARY TRAINING PERMIT

APPLICATION FEE: $25.00

(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:

MM/DD/YYYY

4. Date of Birth:

MM/DD/YYYY

5. Social Security Number:

See instruction sheet for disclosure information

6. Email Address:

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

7. Personal Phone Number:

(Area Code) Phone Number

8. Business Phone Number:

(Area Code) Phone Number

9. Mailing Address:

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

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.

Applicant's Signature

Date

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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

- not supervise more than two temporary training permit holders at one time.
- 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 and 10 hours of masking, the supervisor shall complete the Temporary Training Permit Supervised Practicum Affidavit and mail it to the department.

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

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 Temporary Training Permit Applicant

Date

Signature of Supervisor

Date