

**STATE OF MAINE**  
**BOARD OF SPEECH, AUDIOLOGY AND HEARING**  
**APPLICATION FOR LICENSURE**

- Trainee Permit



Department of Professional and Financial Regulation  
Office of Professional and Occupational Regulation  
35 State House Station  
Augusta, ME 04333-0035

Office Telephone: (207) 624-8626  
Office Facsimile: (207) 624-8637  
TTY/HEARING IMPAIRED (888) 577-6690  
Internet: [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing)

Office located at: 76 Northern Avenue, Gardiner, Maine

## **APPLICANT INFORMATION GUIDE**

The application material you have requested from the Board of Speech, Audiology and Hearing is enclosed. It contains all the relevant materials you need to complete your application to obtain a Trainee Permit in the State of Maine. Read all the information carefully. If you have any questions after reading this packet, please call or e-mail our office.

### **FURNISHED TO APPLICANT:**

- Application Guide
- Individual License Application
- Supervision Form
- Request for Examination Form
- Accommodation Request Form

### **ADDITIONAL RESOURCES:**

- Licensing Law for Hearing Aid Dealers and Fitters

**Please read carefully and review periodically for changes. You are responsible for knowing and complying with all Maine Laws throughout your licensure.**

Available: <http://www.mainelegislature.org/legis/statutes/32/title32ch137sec0.html> or call (207) 624-8626

- Licensing Rules Specific to Hearing Aid Dealers and Fitters

**Please read carefully and review periodically for changes. You are responsible for knowing and complying with all Board Rules throughout your licensure.**

Available: [http://www.maine.gov/pfr/professionallicensing/professions/speech\\_audiology\\_hearing\\_aid/laws.htm](http://www.maine.gov/pfr/professionallicensing/professions/speech_audiology_hearing_aid/laws.htm) or call (207) 624-8626

- Licensing Rules for the Department of Professional and Financial Regulation

**Please read these carefully and review periodically for changes. You are responsible for knowing and complying with Office of Professional and Occupational Regulation Rules, Chapters 10, 11 and 13, throughout your licensure.**

Available: <http://www.maine.gov/sos/cec/rules/02/chaps02.htm#041>

- Statutory Authority, Titles 5 & 10

Available: <http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html>

<http://www.mainelegislature.org/legis/statutes/5/title5ch341sec0.html>

## **APPLICATION PROCEDURE:**

- Please submit your application materials to the Department by mail or hand delivery to our offices. Fax submissions will not be accepted. Your application will be reviewed and processed in the order that it was received.
- If there are deficiencies with your application, you will be notified by mail. You may also check the Board's website. It is the responsibility of the applicant to see that all documentation is completed and returned to the department for consideration.
- Please do not call our office regarding the status of your application. Information regarding the status of applications may be found at the Office of Professional and Occupational Regulation's website: [http://www.maine.gov/pfr/professionallicensing/license\\_search.htm](http://www.maine.gov/pfr/professionallicensing/license_search.htm). We appreciate your thoughtful attention to this request.
- A trainee permit must be approved and active before the applicant may commence training.

## **DESCRIPTION OF HEARING AID TRAINEE:**

A Hearing Aid Trainee is an individual who meets the board's licensure requirements, including a supervision plan and is granted a license to dispense hearing aids under supervision. The purpose of the trainee license is to gain experience and training under the supervision of a Maine Licensed Hearing Aid Dealer and Fitter or a Maine Licensed Audiologist in order to meet the experience requirements to apply for full licensure as a Hearing Aid Dealer and Fitter.

### **Trainee Permit Application**

A trainee permit is required before applying for full licensure as a Hearing Aid Dealer and Fitter.

### **Applications Shall Include the Following:**

- A completed and signed Application;
- Proof of age. The Board will accept a copy of the applicant's birth certificate, a copy of state driver's license, or other state identification card providing the applicant's date of birth and bearing a photograph;
- Proof of completion of high school or its equivalent – copy of diploma, GED or transcript accepted;
- Supervision Form completed and signed by the direct supervisor;
- Payment of an Application fee of \$50.00;
- Payment of a Trainee Permit fee of \$110.00; and
- Payment of a Criminal History Check fee of \$21.00.

**Note: All fees can be in one payment.**

STATE OF MAINE DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION  
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION

**Mailing Address:** 35 State House Station, Augusta, Maine 04333 **Courier/Delivery address:** 76 Northern Avenue, Gardiner, Maine 04345  
Phone: (207) 624-8603 Fax: (207) 624-8637 Hearing Impaired: (888) 577-6690 Web: [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing)

### Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333-0035.
- **Where are you located?** 76 Northern Avenue, Gardiner, Maine.
- **What hours are you open?** 8:00 a.m. to 5:00 p.m. weekdays.
- **Can I come to Gardiner to drop off my application?** Yes. You will not leave with a license, though.
- **Can I come to Gardiner to pick up my license?** No. Your license will be mailed to you.
- **How can I check the status of my application?** You can check our website: [www.maine.gov/professionallicensing/license\\_search.htm](http://www.maine.gov/professionallicensing/license_search.htm).
- **How far back do I go answering the criminal conviction question?** Any conviction, ever.
- **Can I fax my application?** No.

### NOTICES

**BACKGROUND CHECK:** Pursuant to 5 M.R.S.A. §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Professional and Occupational Regulation requires a criminal history records check as part of the application process for all applicants.

**PUBLIC RECORD:** This application is a public record for purposes of the Maine Freedom of Access Law (1 MRSA §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

**SOCIAL SECURITY NUMBER:** The following statement is made pursuant to the Privacy Act of 1974 (§7(B)). Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 35 MRSA §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(C)(2)(C)(1)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRSA §191.

Before you seal the envelope, did you:

- Complete every item on the application including the criminal background disclosure question.
- Sign and date your application.
- Include the required fee(s). Make checks payable to "Maine State Treasurer" or complete the credit card section on the application. **DO NOT SEND CASH.**
- Make a copy of your application to keep for your records.



**Education**

Name of School	Dates Attended	Graduation Date	Degree Awarded

**Supervisor Data  
(To be completed in full by the Supervisor)**

Affiliated Business:		
Mailing Address:		
City:	State:	Zip Code:
Licensed Supervisor:	License Number:	
Signature of Supervisor:	Date:	

**Affirmation**

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Professional and Occupational Regulation will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



Paul R. LePage  
Governor

STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL  
AND FINANCIAL REGULATION  
**Board of Speech, Audiology and Hearing**  
35 STATE HOUSE STATION  
AUGUSTA, MAINE  
04333-0035

Anne L. Head  
Director

### Supervision Form for Trainee Hearing Aid Dealer and Fitters

This form is required to be submitted by applicants for a trainee permit or for trainees to report changes in supervisory relationships to the Board.

#### Applicant Data

Name of Applicant:

Mailing Address:

City:

State:

Zip Code:

#### Proposed Supervisor's Data

Please select one:

New supervisor

Change of supervisor

Name of previous supervisor: \_\_\_\_\_

Name of Proposed Supervisor:

Mailing Address:

City:

State:

Zip Code:

License Number:

First Issue Date:

Employer:

Job Title:

Dates employed\*:

\*If less than two (2) years please attach a resume demonstrating at least two (2) years of professional experience.



## Supervision Form for Hearing Aid Dealer and Fitter Trainees

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### Supervisor's Responsibility Statement

As the Supervisor:

Agree:

- 1) I possess a valid license and have two (2) years of professional experience as outlined in the board rules to supervise this trainee.
- 2) I understand that I may supervise a maximum of two (2) trainees that I may not supervise a total number of temporary licensees, trainee hearing aid dealers and fitters, speech-language pathology assistants and students in excess of the my ability to competently supervise such persons and perform my direct client services for which I am responsible.
- 3) I understand that the applicant for traineeship may not perform the permissible tasks of a hearing aid dealer and fitter until the Board has reviewed and approved this applicant's application or has reviewed and approved the change in supervision in writing.
- 4) I understand that I am legally and ethically responsible for the work of a trainee under my supervision and I am legally and ethically responsible for the adjustment and servicing of any hearing aid sold with the participation of the trainee.
- 5) I will immediately notify the trainee hearing aid dealer and fitter and the Board of anything that affects my ability or right to supervise.
- 6) I will maintain a training log as outlined in Chapter 5, Section 6 of the Board's rules and will provide it to the Board upon request or upon the trainee's application for licensure as a hearing aid dealer and fitter
- 7) I know and understand the laws and rules pertaining to the direct supervision and permissible tasks allowed under the Board's laws and rules.
- 8) If I terminate supervision of this trainee hearing aid dealer and fitter I will inform the Board in writing within ten (10) days.

By my signature I attest that I have read and agree with the above statements. I also understand and accept the conditions and responsibilities of the supervisory relationship as outlined by the Rules of the Board of Speech, Audiology and Hearing and by the Statutes of the State of Maine.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_



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**REQUEST FOR EXAMINATION**

Applicants who apply for examination must submit all materials required for a trainee permit before approval to sit for an examination will be granted. The exams are given twice yearly at the Department of Professional and Financial Regulation, Gardiner Annex, 76 Northern Avenue, Gardiner, Maine. Once you are scheduled for an examination, a separate notice will be mailed to you indicating the date, time and specific location of the examination.

Please circle the appropriate examination date(s), fill in the information requested below and **return this form** with all other required application materials to the Board of Speech, Audiology and Hearing, 35 State House Station, Augusta, ME 04333. If you require special accommodations, please fill out the **Accommodation Request Form** and return it with your application materials.

**Written Exam**

The written examination is based upon information in the Distance Learning for Professionals in Hearing Health Sciences, published by the National Institute for Hearing Instruments Studies, Education Division of International Institute for Hearing Instrument Studies

In addition, students must read the material that is indicated for each lesson in the required textbooks.

Exam Dates	Registration & Payment Deadline	Fee (payable to NIHIS)
5/23/2012	4/1/2012	\$95.00 or \$130 for both written & practical
10/17/2012	9/1/2012	\$95.00 or \$130 for both written & practical

**Practical Exam**

The practical examination is based upon the information contained in the NIHIS Uniform Practical Examination Study Guide.

Exam Dates	Registration & Payment Deadline	Fee (payable to NIHIS)
5/22/2012	4/1/2012	\$50.00 or \$130 for both written & practical
10/16/2012	9/1/2012	\$50.00 or \$130 for both written & practical

Name of Applicant:		
Mailing Address:		
City:	State:	Zip Code:
Telephone:		

OFFICE PHONE: (207)624-8626



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**ACCOMMODATION REQUEST FORM**

The information requested below and any documentation regarding your disability and your need for accommodation in testing will be considered strictly confidential and will not be shared with any outside source without your express written permission. **Please note:** Some accommodation requests may require additional documentation (see next page).

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Telephone (include area code): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Accommodations Requested for the \_\_\_\_\_ Examination.

Check all that apply:

- Accessible Testing Site
- Separate Testing Site
- Braille
- Large Print
- Tape
- Reader as Accommodation for Visual Impairment
- Scribe/Amanuensis as Accommodation for Visual or Motor Impairment
- Reader as Accommodation for Learning Disability
- Scribe/Amanuensis as Accommodation for Learning
- Sign Language Interpreter
- Extended Time
  - Time-and-a-half
  - Double time
  - More than double time (specify) \_\_\_\_\_
- Use of Computer or Other Adaptive Equipment (specify) \_\_\_\_\_
- Other: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

OFFICE PHONE: (207)624-8626



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## DOCUMENTATION OF DISABILITY NEEDS

If you have a learning disability, a psychological disability, or other hidden disability that requires an accommodation in testing, please have this section completed by an appropriate professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation.

**If you have existing documentation of having the same or similar accommodation provided to you in another test situation, you may submit such documentation instead of having this portion of the form completed.**

I have known \_\_\_\_\_ since \_\_\_\_\_ in my capacity as a  
(test applicant) (date)  
\_\_\_\_\_  
(professional title)

The applicant has discussed with me the nature of the test to be administered. It is my opinion that because of this applicant's disability, he/she should be accommodated by providing the following (check all that apply):

- Taped test
- Large print test
- Reader
- Scribe/amanuensis
- Extended time
  - Time-and-a-half
  - Double time
  - More that double time (please justify) \_\_\_\_\_
- Separate Testing Area
- Use of Computer or Other Adaptive Equipment (please specify) \_\_\_\_\_
- Other (please specify) \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_

DATE \_\_\_\_\_ LICENSE # (if applicable) \_\_\_\_\_

