

**MONTANA BOARD OF HEARING AID DISPENSERS**  
**301 SOUTH PARK, 4th FLOOR**  
**PO BOX 200513**  
**HELENA, MONTANA 59620-0513**  
**PHONE: (406) 841-2202 FAX: (406) 841-2305**  
**EMAIL: [dlibsddhad@mt.gov](mailto:dlibsddhad@mt.gov) WEBSITE: [www.hearingaid.mt.gov](http://www.hearingaid.mt.gov)**

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED.  
(Please allow 30 days for processing from the date that the Board has a complete routine application)

**HEARING AID DISPENSERS ARE NOT PERMITTED TO PRACTICE IN MONTANA IN ANY MANNER WITHOUT AN ACTIVE MONTANA LICENSE**

**LICENSE REQUIREMENTS**

- ◆ Audiologists must pass both the written and practical exam and the Montana jurisprudence exam. (International Licensing Examination for the Hearing Instrument Dispenser International Hearing Society, [www.ihsinfo.org](http://www.ihsinfo.org)) **There is a Study Guide and Sample Examination available on this website.**
- ◆ Hearing Aid Trainees must pass the written exam (International Licensing Examination for the Hearing Instrument Dispenser, International Hearing Society, [www.ihsinfo.org](http://www.ihsinfo.org)) **There is a Study Guide and Sample Examination available on this website).** and the Montana jurisprudence exam before a training license may be issued. Upon completion of 1,000 hours of supervised training, must pass the practical exam.
- ◆ Licensees from other states must pass the Montana jurisprudence exam and hold an active, valid license in another state or jurisdiction. Must include other state laws and rules with application.
- ◆ High school graduate or equivalent
- ◆ Trainees must complete 1,000 hours of supervised training
- ◆ Trainees must have a Montana licensed Hearing Aid Dispenser sponsor
- ◆ Three letters of good moral character
- ◆ License Verification from states where you hold or have held a license

<b>FEES</b>	<b>\$500.00</b>	<b>Application by examination</b>
	<b>\$500.00</b>	<b>Applicant from another licensure state</b>
	<b>\$600.00</b>	<b>Hearing Aid Trainee Application Fee</b>
	<b>\$300.00</b>	<b>Original license fee after passing all applicable exams</b>

<b>EXAM FEES</b>	<b>\$200.00</b>	<b>Re-take fee for written ILE exam</b>
	<b>\$550.00</b>	<b>Re-take for board member administered practical IHS exam</b>

**\*\*Make check or money order payable to the Montana Board of Hearing Aid Dispensers\*\***

**DOCUMENTS**

The following documents must be submitted to the Board office in order to complete your license application. Please make 8½"x11" copies of the following and submit with your application:

- 1. High School Diploma**
- 2. Laws and Rules of the state(s) where you were licensed**

## **APPLICATION PROCEDURES**

- ◆ Upon approval of the application, receipt of all supporting documentation, passage of all required examinations and licensure fee of \$300.00, the applicant will be licensed and sent the certificate and wall license.
- ◆ If the application is considered a non-routine application, there may be a delay in processing of the application. You may be requested to provide additional information, or make a personal appearance before the Board during a regularly scheduled Board meeting and/or the application may require Board consideration. Non-routine applications may take up to 30 days or more to process.
- ◆ All verifications of licensure must be sent directly from each state board in which the applicant is currently or has ever been licensed. Please make copies of the attached verification request form as needed. Some states may charge a fee for verifications. Contact each state board prior to sending the request.
- ◆ Keep the Board office informed at all times of any address changes.

## **PROCESSING PROCEDURES**

- ◆ Once a routine application is complete, the application takes 5 to 7 days to process from the time it is received in the Board office.
- ◆ The applicant will be notified in writing of any deficient or missing items from the application file.
- ◆ Please be sure to have your references return the completed reference questionnaire form directly to the Board office as soon as possible in order to complete your application.

**For information with regard to the processing of this application or other concerns please contact the Board of Hearing Aid Dispensers staff at (406) 841-2395, 2369 or email us at [dlibsddhad@mt.gov](mailto:dlibsddhad@mt.gov)**

PLEASE BE SURE TO REVIEW THE MONTANA LAWS AND RULES FOR THE PRACTICE OF  
HEARING AID DISPENSERS  
WEBSITE: [www.hearingaid.mt.gov](http://www.hearingaid.mt.gov)

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Application for Licensure as:

- Hearing Aid Dispenser - \$500 Application Fee     Hearing Aid Trainee - \$600 Application Fee

Allow 30 days from the date the Board has a complete routine application file for licensure

1. FULL NAME \_\_\_\_\_

Last

First

Middle

2. OTHER NAME(S) KNOWN BY \_\_\_\_\_

3. ORGANIZATION NAME \_\_\_\_\_

4. ORGANIZATION ADDRESS \_\_\_\_\_

Street or PO Box #

City and State

Zip

5. HOME ADDRESS \_\_\_\_\_

Street or PO Box #

City and State

Zip

PREFERRED METHOD OF CONTACT

- ORGANIZATION     HOME    EMAIL ADDRESS \_\_\_\_\_

6. ORGANIZATION PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_ FAX \_\_\_\_\_

7. SOCIAL SECURITY NUMBER \_\_\_\_\_ FOREIGN ID NUMBER \_\_\_\_\_

8. DATE OF BIRTH \_\_\_\_\_  MALE     FEMALE

9. Which exam did you take for initial licensure?

- National Boards     ILE Written Exam     IHS Practical Exam     Montana Jurisprudence

10. If taking an examination, do you have any physical or mental impairment requiring special accommodations? If yes, attach a detailed explanation.     Yes     No

11. List all professional licenses you hold or have **ever** held. Verification must be sent directly to Montana from each state/province/territory.

State	License Type	Issue Date	Expiration Date	Requested State Verification
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you ever had an application for a professional or occupational license refused or denied? If yes, please attach a detailed explanation and provide supporting documentation from the source.

Yes  No

Have you ever withdrawn an application for licensure prior to the licensing agency's decision regarding your application? If yes, please attach a detailed explanation and provide supporting documentation from the source.

Yes  No

Has a licensing agency initiated or completed disciplinary action against any professional or occupational license you have held? If yes, please provide agency documents including the complaint, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements directly from the source.

Yes  No

Have you ever voluntarily surrendered, cancelled, forfeited, failed to renew a professional or occupation license in anticipation of or during an investigation or disciplinary proceedings or action? If yes, please attach a detailed explanation and provide supporting documentation from the source.

Yes  No

Has a complaint ever been made against you with a professional or occupational licensing agency? If yes, please attach a detailed explanation and provide supporting documentation from the source.

Yes  No

Have any civil legal proceedings been filed against you by a (patient/client), (former patient/client) or employer/employee? If yes, attach a detailed explanation and documentation from the source including initiating document(s) and documentation of final disposition.

Yes  No

Have you ever been convicted of a misdemeanor or felony crime or do you have a pending criminal charge? "Convicted" for the purposes of this question includes a conviction under appeal, guilty plea, no contest plea, and/or forfeiture of bond. "A pending criminal charge" for the purposes of this question includes a deferred imposition of sentence and/or deferred prosecution. If you answer yes, you must submit a detailed explanation of the events AND the charging documents and final judgments or orders of dismissal. You must report but may omit documentation for: (1) misdemeanor traffic violations older than 10 years ago and that resulted in fines of less than \$200; and (2) convictions prior to your 18<sup>th</sup> birthday unless you were tried as an adult.

Yes  No

Have you ever been diagnosed with chemical dependency or another addiction, or have you participated in a chemical dependency or other addiction treatment program? If yes, please attach a detailed explanation and provide documentation regarding evaluations, diagnosis, treatment recommendations and monitoring from the source.

Yes  No

Have you ever been diagnosed with a physical condition or mental health disorder involving potential health risk to the public? If yes, please provide a detailed explanation.

Yes  No

Have you ever been courts martial or discharged other than honorably from any branch of the armed service? If yes, attach a detailed explanation and documentation from the source.

Yes  No

Have you ever been denied the privilege of taking an examination required for any professional or occupational license? If yes, please attach a detailed explanation and provide supporting documentation from the source.  Yes  No

Have you ever withdrawn or been suspended, placed on probation, expelled or requested to resign from any postsecondary educational program? If yes, please attach a detailed explanation and provide supporting documentation from the source.  Yes  No

Have you ever requested temporary or permanent leave of absence, been placed on probation, restricted, suspended, revoked, allowed to resign, or otherwise acted against by any professional or occupational education program (i.e., residency, internship, apprenticeship, etc)? If yes, please attach a detailed explanation and provide supporting documentation from the source.  Yes  No

Have you ever been the subject of any sanction or action, denial, suspension, revocation, restriction or termination regarding hospital, facility or staff privileges; health maintenance organization participation, third party provider or Medicare/Medicaid participation; or any other privileges? If yes, please attach a detailed explanation and provide supporting documentation from the source.  Yes  No

Have you ever been censured, expelled, denied membership or asked to resign from a professional organization related to your profession or occupation? If yes, please attach a detailed explanation and provide documentation from the source.  Yes  No

Have you ever been the subject of any sanction or action, denial, suspension, revocation, restriction or termination regarding your ability to prescribe, dispense or administer drugs including controlled substances? If yes, please attach a detailed explanation and provide documentation from the source.  Yes  No

Do you have any initiated or completed action against you by any state, federal, tribal, or foreign licensing jurisdiction? (For example: Drug Enforcement Agency; Alcohol, Tobacco and Firearms; Homeland Security; Indian Health Service, etc) If yes, please attach a detailed explanation and provide documentation from the source.  Yes  No

**12. PROFESSIONAL EDUCATION**

Name of School	City & State/Province/Territory	Dates Attended	Degree Earned

13. **PRACTICE HISTORY:** List **all** activities in chronological order, up to and including the present. Specify nature of activity; for example, private practice, hospital practice, vacation, school, private employment, etc. (If medical practice, indicate nature of practice.) **Account for all periods of time longer than 1 month. Indicate specific month and year for each activity.** Use additional paper if necessary.

Name and Location of Practice	Activity/ Position	Inclusive Dates	Reason for Leaving

**DECLARATION**

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of Hearing Aid Dispensers.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and will abide by the current licensure statutes and rules of the State of Montana governing the profession. I will abide by the current laws and rules that govern my practice.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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**VERIFICATION OF MORAL/PROFESSIONAL CHARACTER**

**APPLICANT:** Complete the upper portion of this form and mail to three individuals for professional and character references.

\_\_\_\_\_  
Legal Signature of Applicant

\_\_\_\_\_  
Date

(Please Type or Print)

Name of Applicant: \_\_\_\_\_

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

This verification sent to: \_\_\_\_\_

**CHARACTER REFERENCE:** Please answer the following questions concerning the applicant's moral and professional character. This document is your authorization to release any and all information and opinions you have, favorable or otherwise, directly to the Montana Board of Hearing Aid Dispensers. Your response will be kept confidential.

Name of reference: \_\_\_\_\_

Daytime phone: \_\_\_\_\_

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

Title/profession/position: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

In what capacity? \_\_\_\_\_

To your knowledge, does the applicant have any habits or practices that would adversely affect his/her professional activities? If your answer is "yes", please explain:

Do you consider this applicant worthy of approval to practice as a Hearing Aid Dispenser in Montana?

Yes  No

Please comment on the applicant's professional character, morals and ethics (attach additional sheet as needed):

\_\_\_\_\_  
Signature of Reference

\_\_\_\_\_  
Date

The Applicant and the Board thank you for your assistance.

**VERIFICATION OF LICENSURE**

THIS IS NOT AN ENDORSEMENT CERTIFICATION

**PLEASE COMPLETE THIS SECTION OF THE FORM AND MAIL TO EACH STATE BOARD IN WHICH YOU ARE NOW OR HAVE EVER BEEN LICENSED TO DISPENSE HEARING AIDS. YOU MAY COPY THIS FORM AS MANY TIMES AS NEEDED. SOME BOARDS REQUIRE A FEE FOR THIS SERVICE.**

STATE BOARD:

I am applying for a license to dispense hearing aids in the State of Montana and the Board of Hearing Aid Dispensers requires this form to be completed by each state wherein I hold or have ever held licensure. This is your authority to release any information in your files, favorable or otherwise, **DIRECTLY** to the **BOARD OF HEARING AID DISPENSERS, PO BOX 200513, HELENA, MT 59620-0513**. Your early response is appreciated.

\_\_\_\_\_  
(Signature)  
  
Address \_\_\_\_\_

\_\_\_\_\_  
Name (Please Print)  
  
My License Number is \_\_\_\_\_

**DO NOT DETACH - - THIS SECTION TO BE COMPLETED BY AN OFFICIAL OF THE STATE BOARD AND RETURNED DIRECTLY TO THE MONTANA STATE BOARD OF HEARING AID DISPENSERS.**

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

Full Name of Licensee: \_\_\_\_\_

License No. \_\_\_\_\_ Issue Date: \_\_\_\_\_

By: National Boards \_\_\_\_\_ Reciprocity/State Exam \_\_\_\_\_

License is Current?  Yes  No If NO, explain \_\_\_\_\_ License Status:  Active  Inactive  Other

Has License been suspended, revoked, on probation or otherwise disciplined?  Yes  No  
If YES, explain and attach documentation.

Has licensee ever been requested to appear before your Board?  Yes  No  
If YES, explain.

Derogatory information, if any \_\_\_\_\_

Comments, if any \_\_\_\_\_

Signed: \_\_\_\_\_

BOARD SEAL

Title: \_\_\_\_\_

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

Date: \_\_\_\_\_

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**JURISPRUDENCE EXAMINATION**

Exam Candidate \_\_\_\_\_

Date \_\_\_\_\_

**CHOOSE THE CORRECT ANSWER ON QUESTIONS 1 - 10.  
INDICATE TRUE OR FALSE ON QUESTIONS 11 - 20**

1. The purpose of the Montana Board of hearing Aid Dispensers is:
  - a. to promote the use of hearing aids and related devices by the hearing impaired;
  - b. to promote hearing aid dispensers' services to the public;
  - c. to implement and enforce the policies of the American Speech-Language Hearing Association (ASHA);
  - d. to protect the health, safety and welfare of the public.
  
2. The Montana Board of Hearing Aid dispensers has the power to:
  - a. suspend or revoke a hearing aid dispenser's license, subject to the dispenser's right to a hearing;
  - b. initiate legal action against an unlicensed person who sells or dispenses hearing aids in Montana without a license;
  - c. require periodic inspection and calibration of hearing aid dispensers' audiometric testing equipment.
  - d. All of the above.
  - e. None of the above.
  
3. A licensed hearing aid dispenser trainee:
  - a. must work under the direct supervision of a licensed hearing aid dispenser;
  - b. may perform testing necessary for proper selection and fitting of hearing aids and related devices;
  - c. must complete 1000 hours of supervised training.
  - d. All of the above.
  - e. None of the above.
  
4. The "right to cancel":
  - a. must be a written notice by the patient;
  - b. must be set off from surrounding text in a bold-lined box;
  - c. shall be positioned immediately above the signature line of the patient and seller verifying delivery.
  - d. All of the above.
  - e. Both b and c.
  
5. The license of a hearing aid dispenser who is eligible to renew but fails to do so by the annual renewal date, lapses and the dispenser:
  - a. has a 45 day grace period within which to renew the lapsed license by paying the required fees and penalties and during the grace period the dispenser may lawfully sell or dispense hearing aids and related devices;
  - b. may renew the lapsed license upon payment of required fees and penalties for up to 2 years from the date the license the license lapsed, after which the license terminates and cannot be renewed;
  - c. may apply for a new license after termination of the non-renewed license by paying the required fees and re-taking and passing the licensure examinations.
  - d. All of the above.
  - e. None of the above.

Exam Candidate \_\_\_\_\_

Date \_\_\_\_\_

6. Licensed hearing aid dispensers:

- a. need not complete any hours of continuing education to maintain licensure due to the clinical nature of their daily work;
- b. must complete ten clock hours of continuing education per renewal period except the continuing education requirement does not apply to individuals renewing their initial Montana license for the first time so long as the license was issued less than 6 months prior to the renewal date;
- c. may carry forward up to 10 hours to partially or fully satisfy the next year's continuing education requirements;
- d. Both b and c.

7. The following tests shall be performed as specified:

- a. all audiometers shall be calibrated to ANSI;
- b. bone conduction test shall be conducted bilaterally;
- c. air conduction tests shall be conducted bilaterally.
- d. All of the above.
- e. Both b and c.

8. A licensed hearing aid dispenser may have his/her license suspended or revoked for:

- a. knowingly employing any suspended or unlicensed person to perform work for which a hearing aid dispenser license or trainee license is required;
- b. falsifying hearing test or evaluation results or any associated client records;
- c. using improbable, misleading, deceptive or untruthful advertising;
- d. All of the above.
- e. Both a and b.

9. Among the requirements for inclusion in the bill of sale are:

- a. the make and type of the hearing aid; the condition of the instrument; whether it is new, used or reconditioned; and terms of any warranty;
- b. the dispenser's license number, signature, address of the dispenser's permanent place of business, and the amount charged;
- c. the current telephone number and address of the board's office;
- d. All of the above.
- e. Both a and b.

10. Client records maintained shall include:

- a. copies of all print advertising and scripts of radio and television ads;
- b. dates and places of client contacts, method of contacts, and identity of person initiating contact;
- c. service log including date(s) client returned the aid or device and returned to client and description of problem(s) and a corresponding log of date(s) aid or device returned to client and description of corrective action taken;
- d. copies of the bill of sale, three day cancellation notice and delivery verification form.
- e. All of the above.

Exam Candidate \_\_\_\_\_

Date \_\_\_\_\_

**PLEASE CHOOSE TRUE OR FALSE**

- TRUE  FALSE 11. A purchaser has a right to cancel for 30 days of the date of delivery of the hearing aid or related device excluding periods of return for service, repairs, or remakes. The purchaser's notice of cancellation must be given in writing and refund must be made within 10 days of receipt of the written notice of cancellation.
- TRUE  FALSE 12. A hearing aid dispenser license may be subject to disciplinary action for initiating contact by telephone without first identifying him/herself by name and identifying the company the dispenser represents.
- TRUE  FALSE 13. A person under 18 years of age may waive the requirement for a medical evaluation and verification by a physician that there are no medical factors or conditions that render hearing aid use inadvisable as a treatment or remedy for hearing loss.
- TRUE  FALSE 14. When a person cancels within 30 days of the date of delivery, the dispenser may deduct from the refund a dispensing fee not to exceed 25% of the person's purchase price or \$500, whichever is less. The dispensing fee must be prominently displayed on all transactional documents in a dollar amount.
- TRUE  FALSE 15. A licensed dispenser may sell a replacement hearing aid without conducting a hearing test provided that the replacement hearing aid is of the same make and model and is sold within 1 year of the original sale.
- TRUE  FALSE 16. A hearing aid dispenser must have a permanent place of business that is open to the public at least three days a week.
- TRUE  FALSE 17. The sponsor/supervisor of a trainee is not required to be available at the same location as the trainee to provide consultation.
- TRUE  FALSE 18. Client records must be retained for a minimum of 5 years from the last recorded service date and deceased clients' records must be retained for a minimum of 1 year.
- TRUE  FALSE 19. All licensed hearing aid dispensers shall notify the board of any change of address within 10 days of the change.
- TRUE  FALSE 20. The bill of sale must contain any warranty and the right to cancel.