

**Montana Hearing Aid Dispensers Program**  
**301 SOUTH PARK, 4th FLOOR**  
**PO BOX 200513**  
**HELENA, MONTANA 59620-0513**  
**PHONE: (406) 444-6880 FAX: (406) 841-2305**  
**EMAIL: [dlibsddhad@mt.gov](mailto:dlibsddhad@mt.gov) WEBSITE: [www.hearingaid.mt.gov](http://www.hearingaid.mt.gov)**

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

**LICENSE REQUIREMENTS**

- ◆ **Audiologist:**  
Do not need to be licensed as a hearing aid dispenser to dispense hearing aids.
- ◆ **Hearing Aid Dispenser Trainee:**  
Be of good moral character.  
Education equivalent to a 4-year course in an accredited high school or holds a current license as an audiologist.  
Free of contagious or infectious disease.  
Pass a written examination provided by the International Hearing Society (IHS).  
Pass a state jurisprudence examination.  
Identify the Montana active licensed hearing aid dispenser who shall be responsible for providing direct supervision.
- ◆ **Hearing Aid Dispenser (Upon completing requirements for a trainee):**  
Be of good moral character.  
Education equivalent to a 4-year course in an accredited high school or holds a current license as an audiologist.  
Free of contagious or infectious disease.  
Complete 1000 hours of supervised training.  
Pass all sections of the practical examination provided by the International Hearing Society (IHS).  
Identify permanent place of business in Montana.
- ◆ **Hearing Aid Dispenser (License in another state):**  
Be of good moral character.  
Education equivalent to a 4-year course in an accredited high school or holds a current license as an audiologist.  
Free of contagious or infectious disease.  
Holds a current unsuspended, and unrevoked license in other state or jurisdiction.  
Licensure in that another state or jurisdiction has requirements equivalent to or higher than those in Montana.  
Pass a state jurisprudence examination.  
Identify permanent place of business in Montana.

**FEES**            **\$500**    **Application by examination**  
                     **\$500**    **Applicant from another licensure state**  
                     **\$600**    **Hearing Aid Trainee Application Fee**  
                     **\$300**    **Original license fee after passing all applicable exams**

**EXAM FEES**    **\$ 50**    **Re-take fee for jurisprudence exam**  
                     **\$550**    **Re-take for board member administered practical IHS exam**

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

## DOCUMENTS

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

### ◆ Hearing Aid Dispenser Trainee:

- Completed application
- Application fee(s)
- High school diploma or it's equivalent
- Identify the licensed hearing aid dispenser who shall be responsible for providing direct supervision
- Passing of the open book jurisprudence examination

### ◆ Hearing Aid Dispenser (Upon completing requirements for a trainee):

- Completed application
- Application fee(s)
- High school diploma or it's equivalent
- Completed 1000 hours of supervised training
- Passing the written examination provided by the International Hearing Society (IHS)
- Passing all sections of the practical examination provided by the International Hearing Society (IHS)
- Passing of the open book jurisprudence examination
- Identify permanent place of business in Montana

### ◆ Hearing Aid Dispenser (Licensed in another state):

- Completed application
- Application fee(s)
- High school diploma or it's equivalent
- Passing of the open book jurisprudence examination
- License verification from states where you hold or have held a license
- Copy of other state laws and rules of license currently held
- Identify permanent place of business in Montana

## APPLICATION PROCEDURES

- ◆ When the application is complete, receipt of all supporting documentation, passage of all required examinations and licensure fee of \$300, the application will be processed and considered by Department staff for licensure.
- ◆ 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 to get specific information about requesting a license verification.
- ◆ Keep the Department office informed at all times of any address changes, changes in license status and complaints or proposed disciplinary action. This is essential for timely processing of applications and subsequent licensure.
- ◆ The applicant must pass the Montana Jurisprudence Examination, which is an open book examination on the laws and rules pertaining to the licensure and regulation of a hearing aid dispenser. The laws and rules are available at this website: [www.hearingaid.mt.gov](http://www.hearingaid.mt.gov). The applicant must obtain a final score of at least 75% on the Montana Jurisprudence Examination. In the event of failure, the applicant may retake the examination by first submitting the \$50 exam fee to the Hearing Aid Dispensers Program then another exam will be provided.
- ◆ The written and practical examinations are provided by the International Hearing Society (IHS). The written examination is computer-based (taken on a computer). Although Montana neither administers nor develops the examination, it is responsible for assuring that only eligible candidates sit for the exams and that IHS receive the necessary registration and fees at [www.ihsinfo.org](http://www.ihsinfo.org). To pass the written examination an applicant must achieve a passing score on the exam as set by the IHS. In the event of failure, the applicant may retake the exam by paying an exam fee to IHS. Upon approval of the license application, the applicant will be notified by the Department office to take this exam. The practical examination is administered by the Department. Upon approval of completing the 1000 hours of training, the applicant will be notified by the Department office to take this exam. An applicant must achieve a passing score on each section of the practical examination as set by the IHS. An applicant who fails any section only has to retake the section(s) failed, but must pay the full re-examination fee.

## PROCESSING PROCEDURES

- ◆ Once a routine application is complete, the application takes 14 days to process from the time it is received in the Department office.
- ◆ The applicant will be notified of any deficient or missing items from the application file.
- ◆ Once a routine application is processed and approved a permanent license will be issued.



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	
				Yes	No
				Yes	No

**PERSONAL HISTORY QUESTIONS  
IMPORTANT INSTRUCTIONS AND NOTICE**

- Please read the following questions carefully. Giving an incomplete or false answer is unprofessional conduct and may result in denial of your application or revocation of your license. See, 37-1-105, MCA.
- You have a continuing duty to update the information you provide in your application and supplemental responses, including while your application is pending and after you are granted a license.
- Upon submittal of your application form, for every "yes" answer provided, you will receive a request for specific information or documents associated with the question. Your application is not complete until staff receive all information requested.

**PERSONAL HISTORY QUESTIONS**

12. Have you ever had any license, certificate, registration, or other privilege to serve as a volunteer or practice a profession denied, revoked, suspended, or restricted by a public or private local, state, federal, tribal, religious, or foreign authority? Yes      No
13. Have you ever surrendered a credential like those listed in number 12, in connection with or to avoid action by a public or private local, state, federal, tribal, religious, or foreign authority? Yes      No
14. Have you ever resigned to avoid discipline, been suspended, or been terminated from a volunteer or employment position? Yes      No
15. Have you ever been required to participate in a behavioral modification or assistance program in lieu of suspension or termination from a volunteer or employment position? Yes      No
16. Have you ever withdrawn an application for any professional license? Yes      No
17. As of the date of this application, are you aware of any pending complaint, investigation, or disciplinary action related to any professional license you hold? Yes      No
18. Are you under a current order that remains unsatisfied (e.g., fines unpaid, probation not concluded, conditions unmet?) Yes      No

"Chemical substances" include alcohol, drugs, or medications, whether taken legally or illegally.

19. Do you have any medical, physiological, mental, or psychological condition which in any way currently (within the last 6 months) impairs or limits your ability to practice your profession or occupation with reasonable skill and safety? Yes      No
20. Do you currently (within the last 6 months) use one or more chemical substances in any way which impairs or limits your ability to practice your profession or occupation with reasonable skill and safety? Yes      No

The following information is provided for Question 21 below:

A criminal conviction may not automatically bar you from receiving a license. For more information about how a criminal conviction may impact your application, consult the board or program website.

- 21. Have you ever been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or sentence deferred or suspended as an adult or "juvenile convicted as an adult" in any state, federal, tribal, or foreign jurisdiction? Yes      No
- 22. Are you now subject to criminal prosecution or pending criminal charges? Yes      No
- 23. Have you ever been disciplined, censured, expelled, denied membership or asked to resign from a professional society or organization? Yes      No
- 24. Have you ever had a civil judgment entered against you in a lawsuit for incompetence, negligence, or malpractice in practicing any profession? Yes      No
- 25. Have you ever been disqualified from working with children, elderly persons, mentally ill persons, or other vulnerable persons? Yes      No
- 26. Have you ever been placed on probation, restricted, reprimanded, suspended, revoked, resigned in lieu of action against you, or had other action taken against you by any hospital, clinic, health care facility, group medical practice, health maintenance organization, or third-party insurance provider, including Medicare and Medicaid? Yes      No
- 27. Are you currently on an exclusion list by the Office of Inspector General (OIG) for the U.S. Department of Health and Human Services prohibiting you from working in a facility receiving federal funding? Yes      No
- 28. Has your authority to prescribe, dispense, or administer drugs, including controlled substances, ever been denied, restricted, suspended, or revoked? Yes      No
- 29. Have you ever voluntarily surrendered or had your U.S. Drug Enforcement Administration registration placed on probation, restricted, suspended, or revoked? Yes      No

**30. PROFESSIONAL EDUCATION**

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

31. **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 Hearing Aid Dispensers Program.

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

**VERIFICATION OF LICENSURE**

THIS IS NOT AN ENDORSEMENT CERTIFICATION

PLEASE COMPLETE THIS SECTION OF THE FORM AND MAIL TO EACH STATE DEPARTMENT 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 Hearing Aid Dispensers Program 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 Hearing Aid Dispenser Program, **PO BOX 200513, HELENA, MT 59620-0513**. Your early response is appreciated.

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

\_\_\_\_\_  
Name (Please Print)

Address \_\_\_\_\_

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 Hearing Aid Dispenser Program.**

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: \_\_\_\_\_

**MONTANA BOARD OF HEARING AID DISPENSERS 301  
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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 Hearing Aid Dispensers Program 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 Hearing Aid Dispensers Program has the power to:
3.
  - 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.
  
4. 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.
  
5. 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.
  
6. 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.



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. Patient records maintained by dispensers shall include:
  - a. a copy of the receipt for refund;
  - 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.    The deliveries and final fitting of a hearing aid and related device may be made solely by the trainee.
- TRUE**    **FALSE**    20.    The bill of sale must contain any warranty and the right to cancel.