

N.C. State Hearing Aid Dealers and Fitters Board

Post Office Box 97833, Raleigh, NC 27624-7833

For Certified, Return Receipt or Overnight Delivery, Mail to:

4030 Wake Forest Road, Suite 209, Raleigh, NC 27609

Board Use Only	
CEU Verification: _____	_____
Cat 1	Cat 2
_____	_____

2012 APPLICATION FOR LICENSE RENEWAL

Fee: \$250.00

NCGS 93D-11 and 21NCAC 22A .0309: Renewal Fee and all required documentation must be physically RECEIVED In the office of the Board by March 31st to avoid late fee.

LICENSE NUMBER: _____ **PLEASE PRINT CLEARLY**

FULL NAME: _____
Last First Middle Maiden Suffix

Name as you wish it to be printed on your license: _____

BUSINESS NAME and ADDRESS [Please read 93D-10; 93D-12; 21 NCAC 22I .0112; and 21 NCAC 22I .0113(b)]:

Attach an additional typed page of all secondary business locations if you work at multiple offices

Mailing Address (if different from above): _____

EMAIL ADDRESS: Please specify an email address to which the Board may send official correspondence.

BUSINESS PHONE _____ **BUSINESS FAX** _____ **OTHER PHONE** _____

AUDIOMETER CALIBRATION [See 21 NCAC 22I .0108, 21 NCAC 22I .0109, 21 NCAC 22I .0110] performed by:

- Tele-Acoustics Charlotte, Inc. Grason-Stadler AUSSCO Other (specify): _____
- Audical Services, Inc. Manufacturer None [Affidavit attached per 21 NCAC 22I .0108(c)]

Serial Number: _____ Calibration Date: _____

ENCLOSE A COPY OF THE CALIBRATION REPORT FOR EACH AUDIOMETER USED BY THE LICENSEE

List all titles/credentials, pertaining to the licensee that appeared within the past 12 months:

- a. in newspapers/mail advertisements and/or telephone directories: _____
- b. on stationary, websites, and/or business cards: _____

Do you hold a North Carolina Audiologist License? Permanent # _____ Temporary None

Do you hold an advanced degree in Audiology? No Yes, specify: Master's Degree Doctoral

Note: Issuance of your license renewal does not imply that the Board is waiving or exempting its right to act upon any and all complaints that may have been filed with the Board Office involving any licensee.

By my signature, I certify that as part of the renewal process, I have read and reviewed North Carolina General Statute 93D and Title 21 North Carolina Administrative Code, Chapter 22 (21 NCAC 22), which are the state laws regulating the fitting and selling of hearing aids. I have also read the Board's current Advertising Guidelines and Continuing Education Policy. [These documents are published on the Board's website, www.nchalb.org.]

Licensee's Signature

Date