



# North Carolina State Hearing Aid Dealers and Fitters Board

## VERIFICATION OF LICENSURE (F7-VOL)

### SECTION 1: AUTHORIZATION -- to be completed by the Applicant

I, \_\_\_\_\_ hereby authorize and request the State Board of \_\_\_\_\_ having control of any documents, records and other information pertaining to me to furnish to the North Carolina State Hearing Aid Dealers and Fitters Board information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent information.

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

|                              |           |            |               |
|------------------------------|-----------|------------|---------------|
| NAME IN FULL (PLEASE PRINT): | License # | Issue Date | DATE OF BIRTH |
|------------------------------|-----------|------------|---------------|

**After completing Section 1, send form to the Board providing verification. That Board should complete the rest of the form and send it directly to the NC Hearing Aid Dealers and Fitters Board at the address shown below. Fill in registration deadline to ensure that the Board verifying your license knows your application deadline.**

This completed form must be received by the registration deadline of \_\_\_\_\_.

**SECTIONS 2, 3, and 4 MUST BE COMPLETED BY AN OFFICIAL OF THE STATE BOARD PROVIDING VERIFICATION.**

### SECTION 2: LICENSE VERIFICATION

|                       |                |             |            |
|-----------------------|----------------|-------------|------------|
| FULL NAME OF LICENSEE |                | BOARD/STATE |            |
| LICENSURE STATUS      | LICENSE NUMBER | ISSUE DATE  | EXPIRATION |

### SECTION 3: EDUCATION VERIFICATION (if applicant has an audiology degree on file)

|        |      |  |
|--------|------|--|
| Degree | Date | ____ Initial here if no audiology degree on file |
|--------|------|--|

SCHOOL

### SECTION 4: DISCIPLINE

- HAS THE APPLICANT EVER BEEN THE SUBJECT OF COMPLAINTS OR CHARGES RECEIVED BY YOUR BOARD? If YES, attach details. \_\_\_\_\_
- HAS THE APPLICANT EVER BEEN WARNED, CENSURED OR DISCIPLINED IN ANY MANNER BY YOUR BOARD? If YES, attach details. \_\_\_\_\_
- HAS ANY APPLICATION BY THE ABOVE APPLICANT FOR INITIAL LICENSURE OR REINSTATEMENT EVER BEEN DENIED? If YES, attach details. \_\_\_\_\_

|            |                     |      |
|------------|---------------------|------|
| BOARD SEAL | Signature and Title | Date |
|------------|---------------------|------|

**Address: 701 Exposition Place, Ste 206, Raleigh, NC 27615 Phone: (919) 834-3661 Fax: (919) 779-5642**

FOR NC BOARD USE ONLY: