



Application for License - Hearing Aid Specialist Bureau of Health Facilities Licensing

(In accordance with §40-25-10, of the South Carolina Code of Laws, 1976, as amended, and Regulation 61-3, licensees and prospective licensees must file an application under oath in order to become eligible for licensure to fit and sell hearing aids, and annually thereafter. Licenses are effective for a 12-month period following the date of issue.)

1. **Reason for application:**

- a. ☐ Initial Hearing Aid Specialist License
- b. ☐ Renewal of Hearing Aid Specialist License Number: HAS-_____

2. **Name:** _____
First Middle Initial Last

Prefix: Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Other: _____ Generation Suffix _____ (i.e. Sr., Jr., III, etc)

3. **Personal Contact Information:**

a. E-mail Address: _____

b. Mobile Phone Number: _____ Home Phone Number: _____

c. Home Address: _____
Street (or PO Box) City State Zip

d. Non-South Carolina Hearing Aid Business Address:

Business Name: _____

Street (or PO Box) City State Zip

e. Mail Delivery by Department (check only one):

☐ Home Address ☐ Non-South Carolina Business Address ☐ SC Primary Business Address

4. **Primary Business Location** (the South Carolina address which will be listed on your license):

a. Name of Business: _____

b. Location Address: _____
Street City State Zip

c. Location Phone Number: _____

d. Days and Hours of Operation: _____

e. Primary Business Mailing Address (if different from 4.b. above):

Street (or PO Box) City State Zip

5. **Secondary (satellite) Location(s):** Please complete the following information for **each additional South Carolina location** at which you choose to be licensed, (if additional space is needed, attach a separate sheet of paper):

(Do not list the Primary Location from line 4 in this section)

Name of Business: _____

Street: _____ City: _____ State: ____ ZIP: _____

Phone No: _____ Days & Hrs of Operation: _____

Name of Business: _____

Street: _____ City: _____ State: ____ ZIP: _____

Phone No: _____ Days & Hrs of Operation: _____

Name of Business: _____

Street: _____ City: _____ State: ____ ZIP: _____

Phone No: _____ Days & Hrs of Operation: _____

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Phone No: _____ Days & Hrs of Operation: _____

Name of Business: _____

Street: _____ City: _____ State: ____ ZIP: _____

Phone No: _____ Days & Hrs of Operation: _____

Name of Business: _____

Street: _____ City: _____ State: ____ ZIP: _____

Phone No: _____ Days & Hrs of Operation: _____

6. Date of birth: _____ (Initial applicants only)

7. Have you ever been convicted of any criminal offense other than a minor traffic violation? ☐ Yes ☐ No If yes, list date of conviction, type of offense and name and location of court. _____

8. Have you ever held a hearing aid specialist/dealer license, apprentice license or temporary permit in another state?
☐ Yes ☐ No If yes, list the state(s) and expiration date(s): _____

Was this license ever suspended or revoked? ☐ Yes ☐ No If yes, attach a separate statement providing details, dates and places.

9. List the name of the principal manufacturer for which you are a dealer: _____
Other manufacturers utilized: _____

10. Enclose proof of attendance of continuing education. Only courses that have been approved in accordance with §40-25-50 (D) of the S.C. Code of Laws may be submitted. (This eight-hour requirement begins the second full licensing year.)

Name of Course	Dates Attended	No. Credit Hrs

11. Attach a copy of the actual documentation of current calibration (within the past 12 months) for each audiometer in use.

12. Enclose a \$50 check or money order payable to DHEC for the license fee (see Regulation 61-3 for current fees).

13. **Verification:** State of: _____ County of: _____

I, _____ do hereby swear or affirm, depose and say that I have read the foregoing application and know the contents thereof, and that the statements made therein are true and correct to the best of my knowledge and belief.

Signature

Subscribed and sworn to before me this _____ day of _____, _____
(Month) (Year)

Notary Public

My commission expires: _____ **NOTARY SEAL**

14. Please complete all applicable items (print legibly in ink or type) and mail to: **SCDHEC, Health Facilities Licensing Bureau, 2600 Bull Street, Columbia, SC 29201**

**Instructions for Completing DHEC Form 0221
Application for License as a Hearing Aid Specialist
Bureau of Health Facilities Licensing**

PURPOSE: In accordance with §40-25-10, of the South Carolina Code of Laws, 1976, as amended, and Regulation 61-3, licensees and prospective licensees must file an application under oath in order to become eligible for licensure to fit and sell hearing aids, and annually thereafter. Licenses are effective for a 12-month period following the date of issue.

INSTRUCTIONS:

- Line 1.a. If this is your first time applying for a license, check this block.
- Line 1.b. If you are renewing your license, check this block and enter your license number.
- Line 2. Enter the name of the individual applying for the license.
- Line 3.a. Enter the e-mail address at which you want the Department to correspond.
- Line 3.b. Enter your mobile and/or your home phone number at which you can best be reached by the Department.
- Line 3.c. Enter your home address.
- Line 3.d. If applicable, enter your non-South Carolina hearing aid business address.
- Line 3.e. Check the appropriate block to where you want the Department to send mail related to your hearing aid license (check only one block).
- Line 4.a. Enter the name of the primary business where you will be working (**only South Carolina locations can be listed**).
- Line 4.b. Enter the location address of the business which must be the same as the address that will be listed on your license.
- Line 4.c. Enter the area code and telephone number of the business.
- Line 4.d. Enter the days and hours of operation of the business.
- Line 4.e. Enter the primary business mailing address if it is different from the location address of the business.
- Line 5. Enter each secondary satellite locations where you work other than the primary business location listed in Line 4 (**only South Carolina locations can be listed**).
- Line 6. Enter the date of birth of the individual listed on Line 2, if applying for an initial license (must be twenty-one years of age or older to be licensed in the State of South Carolina).
- Line 7 - 14. Self-explanatory. Complete as indicated. Attach additional sheet(s) if necessary.

OFFICE MECHANICS AND FILING: Kept in accordance with records retention schedule 16327 – retain at Agency for 4 years then to State Records Center for 6 years, and then destroy.