

# HEARING AID DISPENSER CONTINUING EDUCATION COURSE APPROVAL APPLICATION

**PLEASE READ CAREFULLY, AS INCOMPLETE APPLICATIONS WILL BE RETURNED.**

- All applications must be submitted **60 DAYS BEFORE** the proposed course is to be conducted.
- The non-refundable fee of **\$25** must accompany this original, signed application (photocopies will not be accepted). Fees may be paid by check or money order (made payable to the Department of State) or by MasterCard or Visa, using the enclosed credit card authorization form. Do not send cash.
- A non-refundable fee of **\$25** must be submitted for each additional location.
- Annual registration period runs from January 1st through December 31st.
- **Attach to application: a detailed course outline with time sequence and other items listed on the back of this application.**

**1. WHAT IS THE TITLE AND LENGTH OF THIS COURSE? (There is a minimum of 1 hr. of instruction and a maximum of 20 hrs. of instruction.)**

Title \_\_\_\_\_ Hours \_\_\_\_\_

Check below if this course is being submitted to satisfy either of the following topic requirements:

- Infection Control       NY State or Federal Law, Regulations, Professional Conduct

**2. EDUCATIONAL ORGANIZATION DATA**

SCHOOL NAME \_\_\_\_\_

ADDRESS (NUMBER AND STREET; ROOM/SUITE DESIGNATION) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP+4 \_\_\_\_\_

E-MAIL ADDRESS (IF ANY) \_\_\_\_\_

COORDINATOR'S NAME (person authorized to submit application on behalf of entity and responsible for administering Department of State regulations) \_\_\_\_\_ TELEPHONE \_\_\_\_\_

(      )

E-MAIL ADDRESS (IF ANY) \_\_\_\_\_

**DOES THIS INDIVIDUAL HOLD A NEW YORK HEARING AID DISPENSER LICENSE?**    [   ] YES    [   ] NO

HOME ADDRESS (NUMBER AND STREET) \_\_\_\_\_ TELEPHONE \_\_\_\_\_

(      )

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP+4 \_\_\_\_\_

**3. PRIMARY COURSE LOCATION**

LOCATION ADDRESS (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP+4 \_\_\_\_\_

**4. SECONDARY LOCATIONS (Each location requires an additional fee of \$25)**

LOCATION ADDRESS (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP+4 \_\_\_\_\_

LOCATION ADDRESS (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP+4 \_\_\_\_\_

**OUT OF STATE LOCATIONS:** All out-of-state locations must be provided on a separate sheet. No fee is required for these locations.

FOR OFFICE USE ONLY    CODE #: \_\_\_\_\_    EFFECTIVE DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_    EXPIRATION DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_    ENTERED: \_\_\_\_/\_\_\_\_/\_\_\_\_    BY: \_\_\_\_\_

FEE RECEIVED: \_\_\_\_\_    TO REVENUE: \_\_\_\_/\_\_\_\_/\_\_\_\_    APPROVAL MAILED: \_\_\_\_/\_\_\_\_/\_\_\_\_    RECEIPT #: \_\_\_\_\_

**A fee of \$20 will be charged for any check returned by a bank for insufficient funds.**

