

Alaska Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
AUDIOLOGY/HEARING AID DEALER/SPEECH-LANGUAGE PATHOLOGY SECTION
P.O. Box 110806, Juneau, Alaska 99811-0806
333 Willoughby Avenue, 9th Floor, Juneau, Alaska 99801-0800
Phone: (907) 465-2695 ★ E-mail: license@commerce.state.ak.us
Website: www.commerce.state.ak.us/occ/phdl.htm

HEARING AID DEALER LICENSE APPLICATION PACKET

“Unless a person is licensed under this chapter or is licensed as an audiologist under AS 08.11, the person may not (1) deal in hearing aids; (2) use a title indicating or representing that the person deals in hearing aids or is licensed to deal in hearing aids; (3) advertise that the person deals in hearing aids.” AS 08.55.150(a).

GENERAL INSTRUCTIONS

If you received this application other than directly from the division or its official website, the application may be outdated or not an official version. To ensure you have the official version, please contact the division. Please read the application and all the instructions carefully. It is the applicant's responsibility to completely and accurately fill out the application and submit all required supporting documents. If the supporting documents show a name other than the one on the application (e.g., because of marriage, divorce, or any other reason), include an explanation and a certified true copy of the document that supports that change. Incomplete or incorrect documents will be returned and will cause delays in processing the application. Please type or print all requested data. If space for any answer is insufficient, use an additional sheet and specify the question to which it relates.

All documents must be originals or certified true copies of the original documents. To obtain a certified true copy, take the original documents and the photocopies to a notary public so s/he can compare each original document to its copy. Write or type "true copy of the original" on the photocopy and have the notary attest to its authenticity by including the notary's signature and seal. Documents of not larger than 8-½" x 11" are preferred.

APPLICATION FOR LICENSURE

The following documents and fees must be on file with the division before the file will be reviewed:

1. APPLICATION - Completed, signed, and notarized, including a recent head and shoulders photograph. The notary's seal must overlie a portion of the photograph. Applicant must be at least 18 years of age as shown on the signed and notarized application. An applicant with a “yes” answer to one or more professional conduct questions must submit a separate written, signed and dated explanation and provide copies of any supporting documents.
2. FEES - Make check or money order payable to the State of Alaska.
Nonrefundable application fee . . . \$50 Hearing Aid Dealer license fee . . . \$100
3. SURETY BOND - \$5,000 - sole proprietor, no employees; or
\$10,000 - partnership, corporation, or proprietor with employees.
 - a. an original surety bond (p. 4) issued by an insurer or other surety company, with the bonding company's power of attorney (and the bond must be signed by both the principal and the surety); **OR**
 - b. an original Time Certificate of Deposit (TCD) or Saving Passbook issued by a bank or trust company authorized to do business in Alaska. The certificate or passbook should read, “State of Alaska in trust for (Hearing Aid Dealer) .” The original certificate or passbook is held by the state and must be accompanied by a completed, signed and notarized Assignment of Cash Deposit form (p. 5); **OR**
 - c. a cashier's check. Cash will be deposited in a Trust Account established by the state, which does NOT pay interest. The cash must be accompanied by a completed, signed, and notarized Assignment of Cash Deposit form (p. 5); **OR**
 - d. a completed Verification of Hearing Aid Dealer Employer Bonding form (p. 6), if you are covered by your employer's bond.

4. LICENSE VERIFICATION - Verification of licensure form (p. 7) from each state or territory in which the applicant holds or has held a license as a hearing aid dealer. Make additional photocopies, if necessary.
5. BUSINESS LICENSE - A complete business license application and applicable fee or a photocopy of the applicant's (or employer's current) Alaska business license.
6. RELEASE - Completed Authorization for Release of Records form (p. 8).

OTHER FEES

| | |
|--|--------|
| Wall certificate (suitable for framing), with initial application or subsequent written request..... | \$20 |
| Duplicate license fee (with written request)..... | \$ 5 |
| Verification of licensure to another state (with written request)..... | \$20 |
| Returned check fee..... | \$20 |
| Address change (must be in writing)..... | no fee |

GENERAL INFORMATION

APPLICATION PROCESSING - The amount of time it takes to process the application varies, depending on when all complete and correct documents and fees are received by the division. If the application is incomplete, the applicant will be notified of incomplete and/or incorrect documents and fees. When the application is complete and correct, all supporting documents have been received, and all fees have been paid, a license will be issued and sent to you with an accompanying cover letter with further information about Alaska statutory requirements. If the application is not approved for licensure, a written explanation of the basis of that denial and information on how to appeal the decision will be provided.

SOCIAL SECURITY NUMBERS - AS 08.01.060 and 08.01.100 require that a U.S. Social Security Number be on file with the division before a professional license is issued or renewed for an individual. If you do not have a U.S. Social Security Number, please complete the "Request for Exception from Social Security Number Requirement" form located at www.commerce.state.ak.us/occ OR contact the division for a copy of the form.

PAYMENT OF CHILD SUPPORT – Alaska Statute 25.27.244 requires the Division of Corporations, Business and Professional Licensing to deny issuance of the professional or occupational license of any person reported by the Alaska Child Support Services Division (CSSD) as not in substantial compliance with a child support order. If this office is notified by CSSD that you are not in substantial compliance with a child support order, you may be issued a nonrenewable, temporary license valid for 150 days. The 150-day temporary license period is your opportunity to work with CSSD to obtain a release. If you have questions regarding the status of your child support obligation, you may contact CSSD at 1-800-478-3300 or (907) 269-6963 to resolve payment issues.

LICENSE TERM – Licenses are issued for a two-year period. However, all hearing aid dealer licenses expire September 30 of even-numbered years, regardless of the date of issuance, except licenses issued within 90 days of the expiration date are issued to the next biennial expiration date. One renewal notice will be mailed at least 30 days before license expiration to the last known address of record.

ADDRESS OR NAME CHANGE - In accordance with 12 AAC 02.900, it is the applicant's/licensee's responsibility to notify the division, in writing, of changes of address or name. Name and address change notification forms are available on the division's website. The address of record with the division will be used to send renewals and all other official notifications and correspondence. The name appearing on the license must be your current legal name.

STATE BUSINESS LICENSE - State of Alaska business license laws require a hearing aid dealer who practices independently, i.e., on a contract basis or is not considered an "employee," to have both a professional hearing aid dealer license and a state business license. A hearing aid dealer who is an employee of a firm that holds a business license does not need a separate business license. There is a separate business license application and fee. An application may be obtained by calling (907) 465-2550; or accessing the division's website at www.commerce.state.ak.us/occ.

ABANDONMENT - Under 12 AAC 02.910, an application is considered abandoned when 12 months have elapsed since correspondence was last received from or on behalf of the applicant. An abandoned application is denied without prejudice and the application fee is forfeited. At the time of abandonment, the division will send notification to the last known address of the applicant, who has 30 days to submit a written request for a refund of license and other fees paid. If no request for refund is received, all fees are forfeited.

DENIAL OF APPLICATION – Please be aware that the denial of an application of licensure may be reported to any person, professional licensing board, federal, state, or local governmental agency, or other entity making a relevant inquiry or as may be required by law.

STATUTES AND REGULATIONS – The complete set of statutes and regulations for this program is available on the division's website at www.commerce.state.ak.us/occ/phdl.htm. If you are unable to download the statutes and regulations, please contact the division and request a copy by mail.

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(907) 465-2695
E-mail: license@commerce.state.ak.us

HEARING AID DEALER LICENSE APPLICATION

Nonrefundable application fee - \$50

Initial license fee - \$100

Name _____
Last First Middle Maiden/Other

U.S. Social Security Number _____ Birthdate _____ Sex _____

Mailing Address _____
City State ZIP Code

Residence Address _____
City State ZIP Code

Telephone - Business _____ Home _____

EDUCATIONAL HISTORY - State name of high school attended or G.E.D. information.

| <u>Name of High School</u> | <u>Location</u> | <u>Diploma or G.E.D Certificate #</u> | <u>Year Awarded</u> |
|----------------------------|-----------------|---------------------------------------|---------------------|
| | | | |
| | | | |

LICENSE HISTORY - List all current and previous hearing aid dealer licenses held in any state; have verifications completed by issuing agencies and sent directly to Alaska. If none, state N/A.

| Jurisdiction | License # | Date of Issue | Status | By Examination/ Reciprocity |
|--------------|-----------|---------------|--------|--------------------------------|
| | | | | |
| | | | | |
| | | | | |

PRACTICE HISTORY - List employment and/or private work experience as a hearing aid dealer since first being licensed anywhere; if no previous experience, state N/A.

| Employer/Associate | Address | Dates of Employment | Full-Time/ Part-Time/ | Position |
|--------------------|---------|------------------------|--------------------------|----------|
| | | | | |
| | | | | |
| | | | | |

Department Use Only

License No. _____ Issue Date _____ Expiration Date 9/30/ _____

PROFESSIONAL FITNESS - The following questions must be answered. "Yes" answers may not automatically result in license denial. If you answer "Yes" to any of the questions, you must explain dates and circumstances on a separate, signed and dated piece of paper, and send copies of any supporting documents that are applicable (court records, etc.).

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Has your professional license been ever denied, revoked, suspended, surrendered, stipulated, on probation, or been subject to any other restriction or disciplinary action in any jurisdiction? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been convicted of any criminal offense other than a minor traffic violation (convictions include "suspended imposition of sentence")? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Within the past five years, have you been convicted of a felony, or had a final judgment entered against you in a civil action involving fraud, embezzlement, or misappropriation of property? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you subject to an injunctive order that is currently in effect from a pending proceeding or action brought by a public agency? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you a defendant in a pending criminal or civil action relating to fraud, embezzlement, misappropriation of property, or the antitrust or trade regulation laws of the United States or a state? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Within the past five years, have you reorganized, had a debt adjustment, or been adjudicated as bankrupt under bankruptcy proceeding due to insolvency or been a principal executive officer or general partner of a business that has been reorganized, had a debt adjustment, or been adjudicated as bankrupt due to insolvency? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Within the past five years, have you experienced, or been diagnosed with, or been treated for, bipolar disorder, schizophrenia, paranoia, psychotic disorder, substance abuse, depression (except for reactive or situational depression), or any other mental or emotional illness? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Within the past five years, have you been or are you addicted to, excessively used, or misused alcohol, narcotics, barbiturates, or habit-forming drugs? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Within the past five years, have you had or do you have a physical disability or physical illness which may impair or interfere with your ability to practice as a hearing aid dealer? | <input type="checkbox"/> | <input type="checkbox"/> |

Under AS 08.55.010(5), an applicant must furnish evidence satisfactory to the department that the applicant has not engaged in conduct set out in AS 08.55.130, Grounds for Imposition of Disciplinary Sanctions, as noted below:

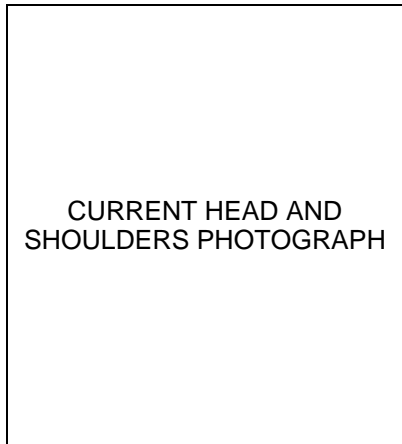
- (1) secured a license through deceit, fraud, or intentional misrepresentation;
- (2) engaged in deceit, fraud, or intentional misrepresentation in the course of providing professional services or engaging in professional activities;
- (3) advertised professional services in a false or misleading manner;
- (4) has been convicted of a felony or other crime that affects the individual's ability to continue to practice competently and safely;
- (5) failed to comply with a provision of this chapter or a regulation adopted under this chapter, or an order of the department;
- (6) continued to practice after becoming unfit due to
 - (A) professional incompetence;
 - (B) addiction to or severe dependency on alcohol or another drug that impairs the individual's ability to practice safely;
 - (C) physical or mental disability;
- (7) employed a person who did not have a valid current license to deal in hearing aids to perform work covered by this chapter;
- (8) failed or refused to honor a representation, promise, agreement, or warranty made by the person while dealing in hearing aids;
- (9) advertised a model, type, or kind of hearing aid for sale that the person does not sell;

- (10) failed to maintain a business address or telephone number at which the individual could normally be reached during regular business hours;
- (11) included in a contract or receipt for the purchase or lease of a hearing aid a confession of judgment or a waiver of a right of the consumer under this chapter;
- (12) used undue influence, coercion, or other willful act or representation to interfere with the exercise by the consumer of the rights provided in this chapter;
- (13) negotiated, transferred, sold, or assigned a note or other evidence of indebtedness to a finance company or other third party within two months of delivering a hearing aid to a purchaser or lessee of the hearing aid by mail or in person;
- (14) permitted another person to use the licensee's license;
- (15) dealt in hearing aids while suffering from a serious disease that was contagious or infectious.

All information submitted with this application is considered public information unless required by state or federal law to remain confidential. If additional information of a confidential nature is required, you will be notified in writing. Licensee information, including mailing addresses, is available on the division's website at www.commerce.state.ak.us/occ/ under "Professional License Search."

I certify that the information in this application is true and correct to the best of my knowledge. I further certify that all credentials and supporting documents supplied by me are true and correct and that below is a true likeness of me taken within the past 60 days.

I have read the Grounds for Disciplinary Sanctions set out above and attest that I have not engaged in conduct set out in AS 08.55.130. I understand that any false information or falsification of documents may result in failure to obtain, or subsequent revocation of, a license to dispense hearing aids in Alaska.



Sign Here 

Signature of Applicant

SUBSCRIBED AND SWORN TO before me on

(date).

Notary Public, State of _____
My Commission Expires: _____

(NOTARY SEAL)

NOTE: NOTARY PUBLIC SEAL MUST OVERLIE A PORTION OF THE PHOTOGRAPH

HEARING AID DEALER SURETY BOND
Required by the Hearing Aid Dealer's Licensing Act, AS 08.55

Bond Number _____

KNOW ALL PERSONS BY THESE PRESENTS that _____
doing business as _____
as principal, and _____, a corporation duly authorized
to transact surety business in the State of Alaska, as surety, are held in and firmly bound to the State of Alaska,
in the sum of _____ thousand dollars (\$ _____) lawful money of the United States, for the payment
of which, well and truly to be made, we and each of us, bind ourselves, our heirs, executors, administrators,
successors and assigns, jointly and severally, firmly by these presents.

THE CONDITIONS OF THE ABOVE OBLIGATIONS ARE SUCH THAT: Whereas, the above bound principal has
or is about to obtain a hearing aid dealer's license in the State of Alaska, in accordance with the provisions of
AS 08.55 and desires to give bond as required by law.

NOW THEREFORE, if the principal, in compliance with AS 08.55 shall pay all taxes and contributions due the state
and political subdivisions of the state, and amounts that may be adjudged against the applicant, or employer, or
the employees by reason of negligently or improperly dealing in hearing aids or breaching a contract when dealing
in hearing aids, the above obligation shall be null and void; otherwise to remain in full force and effect.

LIABILITY UNDER THIS BOND commences _____ and shall be continuous until
the license is revoked or otherwise terminated by the Department of Commerce, Community, and Economic
Development or until 30 days after the surety sends written notice of cancellation to the Department of Commerce,
Community, and Economic Development, State of Alaska. The bond shall apply to all liens and liabilities which
arise during the effective period of the bond and to which the bond is applicable under law, even if the judgment
liens are foreclosed or valid liens settled after the effective period of the bond or the liabilities are enforced after
the effective period of the bond.

IN WITNESS WHEREOF, the principal and the surety have signed and sealed this bond on
_____ (date).

PRINCIPAL

SURETY

Name: _____

Address: _____

Signature: _____

Attorney-in-Fact: _____

Title: _____

Agency Name: _____

**This bond is not valid until signed by both principal
and surety.** Note: Surety's power of attorney must be
attached.

Address: _____

Resident Agent: _____

Division of Corporations, Business
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P.O. Box 110806, Juneau, Alaska 99811-0806

(Surety's Seal)

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HEARING AID DEALER ASSIGNMENT OF CASH DEPOSIT

AS 08.55.030: A certificate of deposit, other negotiable instrument, or cash filed with the commissioner instead of a bond must be accompanied by an Assignment of Cash Deposit signed by the hearing aid dealer and bank representative acknowledging transfer to the department.

For value received, the undersigned assigns and transfers to the State of Alaska, the attached

[] Certificate of Deposit No. _____

[] Passbook No. _____

[] Other Security No. and type _____

in the amount of _____ issued by:

Bank Name and Address: _____

as and for the hearing aid dealer surety bond as required by the laws of the State of Alaska for the licensure of _____ (proprietor's or all partners' names)
as a hearing aid dealer doing business as _____,

which is a [] sole proprietorship [] partnership [] corporation [] other _____

The undersigned irrevocably constitutes and appoints the State of Alaska by and through its duly authorized agents as his/her/their Attorney-in-Fact to do all things necessary and appropriate to effectuate the purposes of this assignment. It is agreed and understood that this assignment shall remain in full force and effect for the period of time provided by law for actions against the surety bond.

All persons whose names appear on the certificate or passbook account must sign below.

Applicant's Signature _____

Applicant's Signature _____

This is to certify that on _____ (date), before me, the undersigned notary public, duly commissioned and sworn, personally appeared _____ to me known to be the person(s) described in and who executed the above Assignment of Cash Deposit, and he/she/they acknowledged to me that he/she/they signed and sealed the document freely and voluntarily for the uses and purposes stated in it.

SUBSCRIBED AND SWORN TO before me on _____ (date).

(Notary Seal)

Notary Public, State of _____
My Commission Expires: _____

By signature below, the issuing institution agrees that only the State of Alaska, upon presentation of written notice, shall cause the release of any and all funds described above.

Bank Representative _____

Date _____

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VERIFICATION OF HEARING AID DEALER EMPLOYER BONDING

Part I

Instructions to Applicant: Type or print the information needed to complete Part I of this form. Forward a copy to your employer. The information requested below must be verified by the employer. Upon completion of Part II, the employer must return the form directly to the Division of Corporations, Business and Professional Licensing.

Name Last First Middle Maiden/Other

Mailing Address City State ZIP Code

Signature Date Signed

PLEASE DO NOT DETACH

Part II

Instructions to Employer: The above-named individual is applying for licensure as a hearing aid dealer in Alaska. Please verify the information requested below, and return the form directly to the Division of Corporations, Business and Professional Licensing at the address at the top of the page. The verification is not to be returned to the applicant.

As of Date Applicant's Name is my employee

and is covered under Insurance Company Name bond #

in the amount of \$10,000, issued on which expires on. I understand I am liable for any acts of negligence or improper dealing in hearing aids the above-named individual may commit if it is determined by court judgment. When this employer-employee relationship ends, I will notify the state, in writing, of the date of termination. *Original bond: attached already on file with division

SUBSCRIBED AND SWORN TO before me on Signed: (date). Printed Name:

DBA:

License Number:

Notary Public, State of Date:

My Commission Expires:

(NOTARY SEAL)

*Note: The "original" of the above bond must be on file with the division, either attached to this verification or provided earlier with someone else's application.

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VERIFICATION OF HEARING AID DEALER LICENSE

Part I

Instructions to Applicant: Type or print the information needed to complete Part I of this form. Forward a verification to each jurisdiction where you previously were or currently are licensed as a hearing aid dealer. The information requested below must be officially verified by the agency or board that issued the license. The blank form may be photocopied for additional requests. It is the applicant's responsibility to request all necessary verifications and pay all applicable fees. Upon completion of Part II, the licensing agency will return the form directly to the State of Alaska.

Name Last First Middle Maiden/Other

Mailing Address City State ZIP Code

License # Birthdate

Signature Date Signed

PLEASE DO NOT DETACH

Part II

Instructions to Licensing Agency or Board: The above-named individual is applying for licensure as a hearing aid dealer in Alaska. Please provide the information requested below, and return the form directly to the Division of Corporations, Business and Professional Licensing at the address at the top of the page. The verification is not to be returned to the applicant. In lieu of this form, the State of Alaska will accept a standard computer verification that provides approximately the same information.

Licensee's Name as Shown on your Records:

License # Birthdate

Original Issue Date Current Expiration Date

Status: Current Inactive Lapsed Other

Licensed By: Exam (Date) Credentials Other, please specify:

Has there been any final disciplinary action taken against this licensee? Yes No

If yes, please provide a copy of the disciplinary action document.

List derogatory information, if any

(BOARD SEAL)

Board/Agency Name

Signature

Printed Name

Title

Date

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AUTHORIZATION FOR RELEASE OF RECORDS

To Whom It May Concern:

I, _____

residing at _____

authorize the Alaska Division of Corporations, Business and Professional Licensing and its investigators to examine my medical, dental, employment, and education records, and any records pertaining to litigation, suits, judgments and/or settlements, and any law enforcement records pertaining to me and discuss them with persons having possession of them. I also expressly permit and authorize the release of any and all such records pertaining to me to the Alaska Division of Corporations, Business and Professional Licensing and its investigators.

I authorize the division to discuss my records with persons or organizations which are considered appropriate by the division in connection with an official investigation, and to provide copies of my records to those persons or organizations considered appropriate by the division.

This release also applies to any documents or records which contain information pertaining to psychiatric, drug or alcohol evaluation, diagnosis, or treatment received by me and which were prepared or made in conjunction with, or under the authority or guidance of any local, state, or federal law which relates to psychiatric, drug or alcohol evaluation, diagnosis or treatment.

I request that upon presentation of this release, or a certified true copy of it, that you provide copies of those records to the division and/or its investigators, and/or representatives of the Office of the Attorney General of the State of Alaska.

This authorization is given expressly in connection with my application for initial issuance of a license as a hearing aid dealer. This authorization expires one year from the date of my signature below.

Signature: _____

Date: _____

Home Telephone: _____

Work Telephone: _____