DISPENSER LICENSE RENEWAL APPLICATION CHECKLIST

This checklist is a tool to ensure you have enclosed all required items for a hearing aid dispenser license renewal.

- Fees – This includes fees for additional or duplicate licenses or late fees. Additional licenses are for locations where you work more than eight hours a week. Duplicate or additional licenses are $20 each.

- Child support section – You must circle either “am” or “am not.”

- Malpractice insurance – Current certificate of insurance, including expiration date and coverage amount and indicating specialty is hearing instrument dispenser. Audiology or audiologist is not acceptable unless you are an Illinois licensed audiologist.

- CEUs - Submit copies of CEU certificates or transcripts. You must submit a total of 20 hours (2.0 CEUs). Only 10 hours (1.0 CEUs) of the 20 required hours can be manufacturer sponsored hours.

Failure to submit required items will delay processing of your application. Fees are non refundable.
Applicant’s Name  ____________________________________________________________________________

For **ALL** applications, Complete Part A. The child support section must be completed to have application processed (Part A, Page 3). Specific law references include (225 ILCS 50/ Hearing Instrument Consumer Protection Act) and (77 Ill. Adm. Code 682 Hearing Instrument Consumer Protection Code).

For **INITIAL** applications only, applicants must have passed both the written and practical examinations. Applications must be accompanied by the following materials: applicable fees, proof of liability insurance, and proof of educational requirements, (Sec. 50/8b and code, Sec. 682.200 a-d).

For **RENEWAL** applications only, complete Part A, send applicable fees, and proof of 20 continuing education hours. A minimum of 10 hours must be nonmanufacturer sponsored hours.

For **TRAINEE** applications only, complete Part A. Have Part B completed by supervisor. The following information will also need to be provided: applicable fees, proof of liability insurance, and proof of educational requirements (Sec. 50/8b and code, Sec. 682.200 a-d). Written and practical exams do not need to be completed prior to trainee licensure.

For **RECIPROCITY** applications only, complete Part A, and Part C of the application. The following information will also need to be provided with the application: applicable fees, proof of liability insurance, proof of current license in another jurisdiction and valid statement of licensing requirements, proof of educational requirements (Sec. 50/8b and code, Sec. 682.200 a-d), and state verification form (Part C, page 2).

**TYPE OF LICENSE AND FEES**

Select the license for which you are applying and pay the appropriate fee(s).

- **INITIAL**
  - Application Fee $80
  - License Fee (2 years) $200
  - *Duplicate License (if applicable)

- **RENEWAL**
  - License Fee (2 years) $200
  - **Late Fee (if applicable) $200
  - *Duplicate License (if applicable)

- **TRAINEE**
  - License Fee (6 months) $100
  - *Duplicate License (if applicable)

- **RECIPROCITY**
  - Application Fee $80
  - License Fee $200
  - Reciprocity Fee $500
  - *Duplicate License (if applicable)

*Each Additional/Duplicate License is $20 in addition to other application fees.

**Must be postmarked by the expiration date**

**TOTAL AMOUNT ENCLOSED $____________**

Fees are nonrefundable. Make check or money order payable to: **IDPH – Hearing Instrument Program**.
Submit application, fees and supporting documents to:

Illinois Department of Public Health
Hearing Instrument Program
535 W. Jefferson St., Third Floor
Springfield, IL 62761

Telephone 217-782-4733  Fax 217-557-5324  E-mail dph.visionandhearing@illinois.gov
HEARING INSTRUMENT CONSUMER PROTECTION PROGRAM
DISPENSER LICENSE APPLICATION

Part A

PLEASE PRINT

NAME _______________________________________________________________________________
(Last) (First) (MI)

HOME ADDRESS _______________________________________________________________________________
(Street or P.O. Box)
_______________________________________________________________________________
(City) (State) (ZIP Code)

DAYTIME PHONE ( ______ ) _____________________ FAX NUMBER ( ______ ) _____________________

E-MAIL ADDRESS _______________________________________________________________________________

COUNTY ________________________________________ DATE OF BIRTH __________________ SEX:  M  F

HIGHEST LEVEL OF EDUCATION COMPLETED

MALPRACTICE/LIABILITY INSURANCE EXPIRATION DATE ________________________________
*Applications must be accompanied by proof of liability insurance.

PRIMARY BUSINESS INFORMATION

BUSINESS NAME _______________________________________________________________________________

BUSINESS ADDRESS _______________________________________________________________________________

CITY ________________________________________ STATE ______ ZIP ________________

COUNTY ________________________________________ PHONE ( _____ ) _____________________

FAX ( _____ ) ________________________________
Additional locations requiring license (more than eight hours per week):

___________________________________________________________________________________________

BUSINESS NAME_______________________________________________________________

BUSINESS ADDRESS___________________________________________________________

CITY _______________________________ STATE _______ ZIP ______________________

COUNTY _______________________________ PHONE ( _____ ) _______________________

FAX ( _____ ) ________________________

___________________________________________________________________________________________

BUSINESS NAME_______________________________________________________________

BUSINESS ADDRESS___________________________________________________________

CITY _______________________________ STATE _______ ZIP ______________________

COUNTY _______________________________ PHONE ( _____ ) _______________________

FAX ( _____ ) ________________________

___________________________________________________________________________________________

BUSINESS NAME_______________________________________________________________

BUSINESS ADDRESS___________________________________________________________

CITY _______________________________ STATE _______ ZIP ______________________

COUNTY _______________________________ PHONE ( _____ ) _______________________

FAX ( _____ ) ________________________

___________________________________________________________________________________________

BUSINESS NAME_______________________________________________________________

BUSINESS ADDRESS___________________________________________________________

CITY _______________________________ STATE _______ ZIP ______________________

COUNTY _______________________________ PHONE ( _____ ) _______________________

FAX ( _____ ) ________________________
ANSWER THE FOLLOWING QUESTIONS, READ THE COMPLIANCE STATEMENT, COMPLETE THE CHILD SUPPORT PORTION AND SIGN BELOW.

☐ No ☐ Yes  Have you ever pleaded no contest or been convicted of a felony or misdemeanor under the laws of the United States or of any state or territory, ever been disciplined by a governmental agency or professional association, or subject to currently effective injunctive or restrictive order as a result of the aforementioned actions?

If Yes: Attach a signed and detailed written explanation, specifically addressing the allegations, the name of the governmental agency bringing the charges, and the nature of any and all disciplinary actions (e.g., fine, probation, suspension, revocation) taken against you. Also attach a copy of final orders concerning such matters.

☐ No ☐ Yes  Are you a U.S. citizen or legal alien? If legal alien, indicate registration number: ______________________________

☐ No ☐ Yes  Are you free of infectious disease?

☐ No ☐ Yes  Have you been licensed in another state? If yes, what state? _____________________________


CHILD SUPPORT SECTION

I hereby certify, under penalty of perjury, that I AM / AM NOT (circle one) more than 30 days delinquent in complying with a child support order.

You must certify one of the above choices. Failure to certify may result in the denial of your application. Making a false statement may subject you to contempt of court and disciplinary action. (5ILCS 100/10-65 [C])

Print Name _____________________________ Dispenser #ID (if applicable) _____________________________

Signature _____________________________ Date _____________________________