



**LICENSURE APPLICATION**  
**for**  
**HEARING AID SPECIALIST**

**REGULATION 60-3**

**Return the completed application to:**

Email Address: **HAS@dph.sc.gov**  
(preferred)

Mailing Address: **Bureau of Health Facilities Licensing**  
**P.O. Box 2046**  
**West Columbia, SC 29171**

For additional questions, please call: (803) 545-4370.

## Instructions for Completing the Application

**NOTICE:** Your license must be renewed prior to the expiration date. Each licensee is responsible for renewal of the license prior to the expiration date regardless of any changes or pending approvals from the Department that are in progress at the time the license is due for renewal.

Application must be complete and legible. Any missing information may result in delays in processing this application. Any section that requires additional space or documentation shall be included as an attachment on an 8.5" x 11" paper and labeled to identify to which section the additional material pertains. Proof of payment is required for all applications submitted.

### Uses for the Application:

- Initial: Check this box only if this is the first time you are applying for a license with the Department. If you have or have had a temporary permit, the name on the application must appear exactly as it did on the temporary permit.
- Renewal: Check this box only if you are renewing your license. Enter the license number and expiration date. The name of the licensee must appear exactly as it did the prior year.
- Change Request: Check this box if you need to make changes to your personal information, business information, or add a business location.

### Part A: Contact Information

- Applicant Information: Complete the information for the applicant.

### Part B: For Initial License Applications Only

- Complete this section only if this is your first time applying for a license.

### Part C: Business Information

- Complete information for each place of business including those located in other states.

### Part D: Request for Changes (Only Part D is needed for Change of Information)

- For changes to personal contact information, complete Section 1 (Legal name change only — please attach proof of legal names change).
- For business name or address changes, complete Section 2.
- If adding additional locations, complete Section 3.

### Part E: Verification

- The application shall be signed by the person applying for the license.
- This page needs to be notarized.

### ATTACHMENTS (for Renewals Only):

Applications are not complete and cannot be processed without the following items below. Please ensure that you have attached the following required items if you have not already submitted them within the licensure year prior to the licensure year for which this application is being submitted.

- Documentation of required Continuing Education Units taken within the past 12 months.
- A copy of the calibration done within the last 12 months for each audiometer you use in South Carolina.



**Application for Licensure of Hearing Aid Specialist  
Regulation 60-3**

Reason for Application			
<input type="checkbox"/> Initial	<input type="checkbox"/> Renewal		<input type="checkbox"/> Change Request (Only Complete Part D)
	Permit Number:	Expiration Date:	

Part A – Contact Information			
Applicant's Name:			
Applicant's Physical Address:			
City:	State:	Zip:	County:
Applicant's Phone Number:		Fax Number:	
Applicant's Email Address:			
Applicant's Mailing Address (if different from above):			
City:	State:	Zip:	County:

Part B – For Initial Applicants Only		
<input type="checkbox"/> I certify that I am at least twenty-one years of age.	<input type="checkbox"/> I certify that I have an education equivalent to a four-year course in an accredited high school.	
Length of time as a South Carolina resident:	Months:	Years:
Have you ever been convicted of any criminal offense other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If you answered Yes, fill in the information below.</b>		
Date of Conviction:	Type of Offense:	Name/Location of Court:
Have you ever held a hearing aid specialist/dealer or apprentice license in another state? <input type="checkbox"/> Yes <input type="checkbox"/> No		
State:	Expiration Date:	Revoked: <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered Yes, fill in the information below.
For revoked licenses, describe the cause, conditions, and length of time.		

Part C – Business Information			
<b>Business Information (Location 1)</b>			
Name of Business:			
Business Address:			
City:	State:	Zip:	County:
Phone Number:		Fax Number:	
Serial Numbers of Audiometer(s) used at this location:			

<b>Business Information (Location 2)</b>			
Name of Business:			
Business Address:			
City:	State:	Zip:	County:
Phone Number:		Fax Number:	
Serial Numbers of Audiometer(s) used at this location:			

<b>Business Information (Location 3)</b>			
Name of Business:			
Business Address:			
City:	State:	Zip:	County:
Phone Number:		Fax Number:	
Serial Numbers of Audiometer(s) used at this location:			

<b>Business Information (Location 4)</b>			
Name of Business:			
Business Address:			
City:	State:	Zip:	County:
Phone Number:		Fax Number:	
Serial Numbers of Audiometer(s) used at this location:			

☐ Check here if you have more than 4 locations. Attach an 8.5" x 11" sheet of paper with the requested information.

**ATTACHMENTS (for Renewals Only):**

Applications are not complete and cannot be processed without the following items below. Please ensure that you have attached the following required items if you have not already submitted them within the licensure year prior to the licensure year for which this application is being submitted.

- Documentation of required Continuing Education Units taken within the past 12 months.
- A copy of the calibration done within the last 12 months for each audiometer you use in South Carolina.

Part D – For Licensure Change Only			
<input type="checkbox"/> <b>Change in Licensee's Contact Information:</b> Complete Sections D.1 & D.2	<input type="checkbox"/> <b>Change of Business Information:</b> Complete Sections D.1 & D.3	<input type="checkbox"/> <b>Adding SC Locations:</b> Complete Sections D.1 & D.4	
Section D.1 – Personal Information			
License Number:			
Name on License:			
Applicant's Physical Address on file:			
City:	State:	Zip:	County:
Applicant's Mailing Address on file:			
City:	State:	Zip:	County:
Applicant's Phone Number on file:			
Applicant's Email Address on file:			
Section D.2 – New Personal Contact Information			
Applicant's <b>New Legal</b> Name:			
Applicant's <b>New</b> Physical Address on file:			
City:	State:	Zip:	County:
Applicant's <b>New</b> Mailing Address on file:			
City:	State:	Zip:	County:
Applicant's <b>New</b> Phone Number:			
Applicant's <b>New</b> Email Address:			
Section D.3 – Change of Business Information			
<b>Previous</b> Business Name:			
<b>Previous</b> Business Address:			
City:	Zip:		County:
<b>Previous</b> Phone Number:		<b>Previous</b> Fax Number:	
<input type="checkbox"/> I no longer practice at the business listed above. Please remove it from my file. <input type="checkbox"/> I still work at the business above, but the business information has changed. New information is below.			
<b>New</b> Business Name:			
<b>New</b> Business Address:			
City:	Zip:		County:
<b>New</b> Phone Number:		<b>New</b> Fax Number:	
Section D.4 – Additional South Carolina Business Locations			
Business Name:			
Business Address:			
City:	Zip:		County:
Phone Number:		Fax Number:	

☐ Check here if you have more than one additional location. Attach an 8.5" x 11" sheet of paper with the requested information.

**Part E:**

State of: \_\_\_\_\_ County of: \_\_\_\_\_

I, the undersigned, 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. Furthermore, I voluntarily consent to an investigation of the aforesaid information for the purpose of verifying my qualifications for a temporary permit in the State of SC. By completing this application, I do hereby submit myself to the provisions of §40-25-10, et seq., of the SC Code of Laws, as amended, Practice of Specializing in Hearing Aids Act, and Regulation 60-3, The Practice of Selling and Fitting Hearing Aids.

**Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_  
(Month) (Year)

**NOTARY PUBLIC:** \_\_\_\_\_

My commission expires: \_\_\_\_\_

**NOTARY SEAL**

## **Application for Licensure Hearing Aid Specialists Instructions for Completing 0221-ENG-DPH**

**PURPOSE:** This is an external form used by customers to apply for a health license or service regulated by Healthcare Quality.

**AUDIENCE:** DPH Customers.

**INSTRUCTIONS:** Customers will complete this application when applying for a healthcare facility or service regulated by Healthcare Quality. This application is to be used in conjunction with the facility's regulation.

**OFFICE MECHANICS & FILING:** The completed form will be stored on the Bureau of Operations Support's SharePoint Site / OneDrive. This form is maintained by retention schedule 16327 — Masterfiles. Once the 10-year retention period has been met and quality review has been completed, an ARM-11 destruction request should be submitted and approved prior to disposal of the original form.