



**LICENSURE APPLICATION  
for  
TEMPORARY HEARING AID PERMIT HOLDER  
  
REGULATION 60-3**

**Return the completed application to:**

Email address (preferred method):

[HAS@dph.sc.gov](mailto:HAS@dph.sc.gov)

**OR**

Mailing address:

**Bureau of Health Facilities Licensing**

**P.O. Box 2046**

**West Columbia, SC 29171**

For additional questions, contact us at: 803-545-4370.

## INSTRUCTIONS FOR COMPLETING THE APPLICATION

**NOTICE:** Your license must be renewed prior to the expiration date. The current 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 in the 8.5" x 11" format and be labeled to identify the appropriate section. Proof of payment is required for all applications submitted.

### Reason for the Application

- Initial: Check this box only if this is the first time you are applying for a license with the Department.
- Renewal: Check this box only if you are renewing your license. Enter the license number and expiration date. The name of the temporary permit holder must appear **exactly** as it did the prior year.

### Part A: Contact Information

- Applicant Information: Complete the information for the applicant.
- Sponsor Information: Complete the information for applicant's sponsor. This person **MUST** be a licensed hearing aid specialist.
- Business Information: Complete the business information for where the permit holder will be practicing. This **MUST** be the same location as the sponsor.

### Part B: FOR INITIAL APPLICANTS ONLY

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

### Part C: Verification

- The application shall be signed by the person applying for a temporary permit.
- The Sponsor must also complete the bottom section acknowledging Sponsorship
- This page needs to be notarized.

### REQUIRED DOCUMENTS FOR RENEWALS ONLY:

- **MUST** submit sponsor's Quarterly Progress Report.



**Application for Temporary Hearing Aid Permit Under  
Sponsorship of a Licensed Hearing Aid Specialist  
Regulation 60-3**

Reason for Application		
<input type="checkbox"/> Initial	<input type="checkbox"/> Renewal	
Permit Number:		Expiration Date:
Part A. Applicant Information		
Applicant's Name:		
Physical Address:		
City:	State:	Zip:
Telephone Number:		Fax Number:
Email address:		
<b>Sponsor Information</b> <i>(must be a licensed hearing aid specialist)</i> <b>License Number:</b>		
First Name:	Middle Initial:	Last Name:
<b>Business Information</b> <i>(must be the same location as the sponsor)</i>		
Name of Business:		
Business Address:		
City:	State:	Zip:
Business Telephone:		
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 resident of South Carolina: Years		Months
Have you ever been convicted of any criminal offense other than a minor traffic violation? <input type="checkbox"/> yes <input type="checkbox"/> no		
If yes, list the following:		
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		
If yes, list the following:		
State:	Expiration Date:	Revoked: <input type="checkbox"/> yes <input type="checkbox"/> no (if yes, please describe in area below)
For revoked licenses: describe the cause, conditions, and length of time.		

**Part C: Verification**

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 S.C. By completing this application, I do hereby submit myself to the provisions of §40-25-10, et seq., of the S.C. 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**

**TO BE COMPLETED BY SPONSOR**

State of:

County of:

I, \_\_\_\_\_, accept the responsibility of the supervision and  
(Print name of Sponsor) (License Number)  
training of \_\_\_\_\_ in accordance with §40-25-10, et seq., the S.C. Code Ann. (Supp.  
(Name of Temporary Permit Applicant)

2002) Practice of Specializing in Hearing Aids Act and Regulation 60-3, The Practice of Selling and Fitting Hearing Aids. I realize that I am responsible for his/her training and conduct until notified by the Department that I am no longer responsible for this individual. In addition, I will submit quarterly reports to the Department in a timely manner.

\_\_\_\_\_  
Signature of Sponsor

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

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

My commission expires \_\_\_\_\_ **NOTARY SEAL**

## **Application for Licensure Temporary Hearing Aid Permit Instructions for Completing 0222-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.