

State of West Virginia

Hearing Aid Dealers

Board of Speech-Language Pathology and Audiology, 99 Edmiston Way, Suite 214,
Buckhannon WV 26201 Office- 304-473-4289 Email- wvbelspa@wv.gov

Application for Renewal of License or Trainee Permit

I hereby apply to renew my Personal license _____, Company License _____

Trainee Permit _____ (check one).

Last Name: _____ First Name: _____

Middle Initial: _____ License No. : _____ Employer's

Company Name: _____ Telephone Number:

Your Home Address: _____

Phone Number: _____

Answer each of the following questions by circling yes or no

Yes No Have you been convicted of a felony or misdemeanor since your last date of application?

Yes No Are there any criminal charges other than traffic violations now pending against you?

Yes No Has an application of a hearing aid dealer's or fitter's license been denied you in any State?

Yes No Has your Hearing Aid Dealer's or Fitter's license or Trainee permit been revoked or suspended in any State?

Yes No Have you acquired a contagious or infectious disease since your last application?

If the answer to any of the above questions is yes, please give a full explanation on a separate sheet of paper.

I hereby release the West Virginia Board of Speech-Language Pathology and Audiology, its members, officers and agents from any liability or complaint by reason of any action they, or any of them may take in connection with this application, the attendant examination, and /or the failure of the Board to issue me a license or trainee permit

Signature of applicant or company officer: _____

Date: _____ Title: _____

Make checks payable to: WV Board of Speech-Language Pathology and Audiology