

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

Renewal Application for Dispenser License or Trainee Permit

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

Trainee Permit _____ Email: _____ D.O.B: _____

Last Name: _____ First Name: _____ Middle Initial _____

License No. : _____ Employer's Company Name: _____

Employer Company Address: _____

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Yes No Has your Hearing Aid Dealer's or Fitter's license or Trainee permit been revoked or suspended in any State?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

Pursuant to West Virginia Code §48-15-303 - (a) Each licensing authority shall require license applicants to certify on the license application form, under penalty of false swearing, that the applicant does not have a child support obligation, the applicant does have such an obligation, but any arrearage amount does not equal or exceed the amount of child support payable for six months, or the applicant is not the subject of a child-support related subpoena or warrant. The application form shall state that making a false statement may subject the license holder to disciplinary action including, but not limited to, immediate revocation or suspension of the license.

(b) A license shall not be granted to any person who applies for a license if there is an arrearage equal to or exceeding the amount of child support payable for six months or if it is determined that the applicant has failed to comply with a warrant or subpoena in a paternity or child support proceeding.

I certify, under penalty of false	<u>YES</u>	<u>NO</u>
1. I have a court ordered child support obligation.....	<input type="checkbox"/>	<input type="checkbox"/>
2. I have a court ordered child support obligation and any arrearage amount equals or exceeds the amount of child support payable for six months.....	<input type="checkbox"/>	<input type="checkbox"/>
3. I am the subject of a child support related subpoena or warrant.....	<input type="checkbox"/>	<input type="checkbox"/>

The Board holds the right to request additional information, so deemed necessary, from any applicant, for review. Any future correspondence with the Board shall bear the applicant's full name and last four of the social security number as it appears on the original application.

The applicant is held responsible for notifying the Board of changes in the applicant's name, address and change of employment. Such changes are to be submitted within 30 days of that change.

STATEMENT BY APPLICANT:

I HEREBY CERTIFY, UNDER PENALTY OF FALSE SWEARING, THAT I AM THE PERSON NAMED AS THE APPLICANT ON THIS APPLICATION AND THAT ALL STATEMENTS MADE BY ME IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF. I RECOGNIZE THAT ANY MISINFORMATION OR OMISSION OF PERTINENT MATERIAL FACTS MAY BE CAUSE FOR DENIAL OF A LICENSE OR FOR SUSPENSION OR REVOCATION OF THIS LICENSE.

Date

Signature

If you are renewing trainee permit, please complete this portion:

Name of your supervisor: _____

Office address: _____

Supervisor's Signature: _____ Date: _____

Your Signature: _____ Date: _____

PAYMENT IN FULL MUST ACCOMPANY ALL LICENSES AND PERMITS:

MAKE CHECKS PAYABLE TO: **Board of Speech-Language Pathology and Audiology**

Do you operate all or part of a business in West Virginia?
If the answer is "Yes" please enter your FEIN or
WV Business ID Number ____ - _____

YES

NO