INSTRUCTIONS FOR HEARING AID DISPENSING APPLICATION

Application must be complete or it will be returned. All forms and documentation requested are to be completed and returned as one complete packet.

ALL APPLICANTS MUST TAKE A NEW MEXICO PRACTICAL EXAM

1. Read the entire application before you begin to answer any questions so you will understand exactly what information is being requested.

2. Please type or print in black ink.

3. Answer all questions completely. The burden of proof in satisfying the board, that you are eligible for licensure, is upon you.

4. Signature on application must be notarized.

5. All documentation submitted must be notarized or certified as true and correct copies of the originals.

6. Previously licensed applicants who failed to renew as required must reapply as a new applicant, meet all applicable requirements, meet all continuing education requirements and pay the application fee, the renewal fee and the late penalty fee.

7. The “jurisprudence exam” is part of the application and must be completed and signed. This exam covers the statutes and regulations.

8. The fee of $185.00 ($175.00 licensure fee and $10.00 application fee) must accompany your application. Your check or money order should be made payable to the “Speech Language Pathology, Audiology and Hearing Aid Dispensing Practices Board (SLPAHAD)”.

FEES ARE NON REFUNDABLE.
Licensure Fees
Fees are non-refundable

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Licensure Fee</td>
<td>$175.00</td>
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<tr>
<td>Application Fee</td>
<td>$10.00</td>
</tr>
<tr>
<td>Total Fee</td>
<td>$185.00</td>
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The information you supply on this application will be used to determine your eligibility for licensure. You must supply all the information requested. Omission of any information may result in our inability to process your application. Your completed application will be used by authorized personnel of the board and may be transferred to other governmental or law enforcement agencies. It cannot be returned to you but you may gain access to the information by contacting the board office at P.O. Box 25101, Santa Fe, New Mexico 87505.

Applications received without fees will not be processed. If additional space is needed to complete any section, please use additional sheet(s). All supporting documents must be received at the board office before the application can be approved.

(PLEASE TYPE or PRINT in BLACK INK)

**All licensing information provided is public information.**

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Details</th>
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<tbody>
<tr>
<td>Evidence the applicant is 18 years or older;</td>
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<tr>
<td>Evidence of a high school diploma or equivalent;</td>
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<tr>
<td>Evidence of a business location in New Mexico;</td>
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<tr>
<td>Notarized letter from an employer verifying completion of the training</td>
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<tr>
<td>requirements as outlined for the temporary hearing aid dispensing trainee</td>
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<tr>
<td>permit;</td>
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<tr>
<td>Evidence of passing the IHS or NBC-HIS hearing aid written exam, hearing</td>
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<tr>
<td>aid practical exam; and</td>
<td></td>
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<tr>
<td>Jurisprudence examination.</td>
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</table>

COMPLETE THE FOLLOWING IF LICENSED (OR HAVE EVER BEEN LICENSED) IN ANY OTHER STATE:

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Details</th>
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<tbody>
<tr>
<td>License #:</td>
<td></td>
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<tr>
<td>State:</td>
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<tr>
<td>Date Granted:</td>
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<tr>
<td>Expiration Date:</td>
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<tr>
<td>Address of Grantor:</td>
<td></td>
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<td>Phone: (__)</td>
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Please PRINT your name as you wish it to appear on your license.

<table>
<thead>
<tr>
<th>NAME OF APPLICANT</th>
<th>DATE OF BIRTH</th>
<th>SOCIAL SECURITY NUMBER</th>
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<tbody>
<tr>
<td>(Last, First, Middle)</td>
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<td></td>
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</table>
| BUSINESS ADDRESS (Number, Street, City, State, Zip) | Business Telephone | PLEASE MAIL ALL CORRESPONDENCE TO MY:
| MAILING ADDRESS (Number, Street, City, State, Zip) |               |   □ Business Address  |
|                                                            |               |   □ Mailing Address    |
EDUCATIONAL RECORDS (MUST BE COMPLETED)

<table>
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<tr>
<th>UNDER GRADUATE &amp; GRADUATE Education</th>
<th>Name of College / University</th>
<th>Major area of study</th>
<th>Years of Study</th>
<th>Degree</th>
<th>Graduation Date</th>
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PLEASE ANSWER THE FOLLOWING QUESTIONS: If you answer YES, please attach a complete and comprehensive explanation. (The board may contact you later.)

1. Have you ever used another name under which records may be filed concerning your application or your education, training or experience?
   - Yes  - No
   IF YES, PLEASE PRINT NAME USED HERE: ______________________________

2. Have you ever received a deferred prosecution, a deferred judgment or been convicted of or pled guilty to or pled nolo contendere to a felony in any state, territory, district of the United States or a foreign country?
   - Yes  - No

3. Have you ever pled guilty to or pled nolo contendere to or been convicted of Driving Under the Influence or Driving While Intoxicated?
   - Yes  - No

4. Have you ever been denied a license or permission to practice or permission to take an examination to practice speech-language pathology or audiology in any state, country or territory?
   - Yes  - No

5. Has any disciplinary action ever been taken regarding your practice or any license you hold or have held to practice? Disciplinary actions include, but are not limited to, suspension, probation, practice limitations, reprimand, letter of admonition, censure, and any allegations currently pending.
   - Yes  - No

6. Have you ever voluntarily surrendered a license to practice in any other state or territory?
   - Yes  - No

7. Are you in arrears in court-ordered child support payments?
   - Yes  - No

I HEREBY CERTIFY that I have read and completed this application, that the information contained herein is true to the best of my knowledge, that I am not physically or psychologically dependent on alcohol or drugs, and that I understand that any falsification or misrepresentation made within this application may be grounds for denial of my application or action against my license. I hereby authorize the Regulation and Licensing Department and its agents to investigate any statements made by me in this application, including checking criminal, civil and administrative records. I declare under penalty of perjury that the statements made on this form are true and complete to the best of my knowledge.

I FURTHER CERTIFY that I have read the New Mexico Speech-Language Pathology, Audiology and Hearing Aid Dispensing Practices Act and the Rules and Regulations and fully understand that I bind myself to be governed by them.

SIGNATURE OF APPLICANT                              DATE

State of: ________________________________ County of: ________________________________

Before me on this day personally appeared the above named applicant who being by me duly sworn upon oath says that all the acts, statements and answers contained in this application are true and correct.

Sworn and subscribed to before me__________________________ on this ______ day of ________, 20____

__________________________
Notary Public

My Commission Expires: ___________________________
VERIFICATION OF LICENSURE, CERTIFICATION OR REGISTRATION AS A SPEECH-LANGUAGE PATHOLOGIST, AUDIOLOGIST AND/OR HEARING AID DISPENSER IN ANOTHER STATE

Part I
Instructions to Applicant: Type or print the information needed to complete Part I of this form. Forward verification to each jurisdiction where you are currently or were previously licensed as a speech-language pathologist, audiologist and/or hearing aid dispenser. The agency or board that issued the license must officially verify the information requested in Part II. Please note that it is the applicant’s responsibility to request all necessary verifications and pay all applicable fees. Upon completion of Part II, the licensing agency or board will return the form directly to the State of New Mexico, Speech Language Pathology, Audiology & Hearing Aid Dispensing Practices Board, at P.O. Box 25101, Santa Fe, NM 87505

Name:_______________________________________________________________________________
Last       First                Middle Initial
Social Security #: __________________ License #: ______________  Birthdate: _________________
_____________________________________________________________________________________

Part II
Instructions to the Licensing Agency or Board: The applicant named above has applied for a license to practice in the state of New Mexico. The Speech-Language Pathology, Audiology and Hearing Aid Dispensing Practices Board is requesting the following licensing information on this individual. Please return the form directly to the board at the address at the top of the page.

Licensee’s Name:________________________________________License # ______________________
Licensed as a: ___________________________________________ State: ____________________
Social Security #: _______________________ Birthdate: ______________
Original Issue Date: ________________ Current Expiration Date: _________________
Status: ☐ Current ☐ Inactive ☐ Expired ☐ Other __________________
Have there been any complaints and / or disciplinary actions taken against this licensee? ☐ Yes ☐ No
If yes, please attach copies of all relevant documents.: 

I certify that the above information is true and correct

Signed: __________________________________________ Check here if there is no seal ☐
Printed Name: __________________________________________ (SEAL)
Title: __________________________________________
Date: __________________________________________
JURISPRUDENCE EXAMINATION

1. The primary function of the Speech-Language Pathology, Audiology and Hearing Aid Dispensing Practices Board is to assure the safety and welfare of the public served.
   T____ F____

2. Under Section 61-14B-22 – Penalties, any Person who violates any provision of the Speech Language Pathology, Audiology and Hearing Aid Dispensing Act is guilty of a misdemeanor.
   T____ F____

3. If a licensee fails to renew within the grace period, the licensee must reapply as a new applicant, meet all applicable requirements, meet CEU requirements and pay the application, renewal and late penalty fee.
   T_____ F____

4. All applications must be complete and notarized, including documents and required fees before the board office will accept them.
   T_____ F____

5. All fees are non-refundable.
   T_____ F____

6. The penalty fee for not renewing your license by the expiration date is $100.00.
   T____ F____

7. Renewal of a speech-language pathology, audiology or hearing aid dispensing license during the grace period requires a penalty fee.
   T_____ F____

8. Once the speech-language pathology, audiology, hearing aid dispensing license expires, you may renew within the grace period, however you cannot practice during the grace period with an expired license.
   T_____ F____

9. Speech-language pathologists, audiologist and hearing aid dispensers must submit 15 hours of continuing education annually in order to renew their license.
   T____ F____

10. Timely renewal of licenses is the full and complete responsibility of the licensee. For speech-language pathologists, audiologists and hearing aid dispensers, the board office will mail out renewal forms no later than December 15th. If the renewal is not received within a reasonable time after December 15th, it is the responsibility of the licensee to contact the board office. Non-receipt of the renewal form by the licensee will not exempt licensure expiration or late penalty fees.
    T_____ F____

11. Licensees or applicants shall bear all costs of disciplinary proceedings unless they are excused by the board from paying all or part of the fees or if they prevail at the hearing.
    T____ F____
12. As required by federal law, final adverse disciplinary actions taken by the board against applicants or licensees will be reported to the Federal Health Care Integrity and Protection Data bank (or its successor data bank).
T_____  F_____

13. Apprentices in Speech Language (ASL's) can administer diagnostic testing
T_____  F_____

14. Direct supervision means on-site, in-view observation and guidance by a licensed professional in the applicant's field present during a therapy session with clients while an assigned activity is performed by support personnel.
T_____  F_____

15. All licensees must display their license in their primary location at their place of employment.
T_____  F_____

16. To renew your license, continuing education in your field must be completed within the renewal period of January 31st through January 30th.
T_____  F_____

17. All licenses expire annually. What is the expiration date of your license for your specific field?___________________

18. The board has authority to impose penalties in disciplinary matters. List 5 forms of disciplines, which may be imposed by the board.
1 ___________________________________________________________
2 ___________________________________________________________
3 ___________________________________________________________
4 ___________________________________________________________
5 ___________________________________________________________

19. The board has adopted Part 9, "Code of Ethics". What is the purpose of the "Code of Ethics"?
__________________________________________________________________________

20. In accordance with the provisions of the Uniform Licensing Act, the board may take disciplinary action for violations of the Speech-Language Pathology, Audiology and Hearing Aid Dispensing Practices Act or the board’s regulation. List 5 of violations listed which may be grounds for disciplinary action.
1 ___________________________________________________________
2 ___________________________________________________________
3 ___________________________________________________________
4 ___________________________________________________________
5 ___________________________________________________________

Signature: ___________________________ Date: ______________