



Hearing Aid Dealers Program

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: [HearingAidDealers@Alaska.Gov](mailto:HearingAidDealers@Alaska.Gov)

Website: [ProfessionalLicense.Alaska.Gov/HearingAidDealers](http://ProfessionalLicense.Alaska.Gov/HearingAidDealers)

## Hearing Aid Dealer License Application Instructions

“Unless a person is licensed under this chapter or is licensed as an audiologist under AS 08.11, the person may not (1) deal in hearing aids; (2) use a title indicating or representing that the person deals in hearing aids or is licensed to deal in hearing aids; (3) advertise that the person deals in hearing aids.” AS 08.55.150(a).

**The following items must be on file with our office before your application for Hearing Aid Dealer License will be reviewed:**

**1. APPLICATION**

A completed application, signed and notarized (#08-4023, pages 1-4).

**2. FEES**

Fees made payable to “State of Alaska.”

Nonrefundable Application Fee:	\$200.00
Hearing Aid Dealer License Fee:	\$ 70.00

<b>TOTAL FEES DUE</b>	<b>\$270.00</b>
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**3. AUTHORIZATION FOR RELEASE OF RECORDS**

A completed Authorization for Release of Records form (#08-4023a).

**4. BONDING**

\$5,000 - sole proprietor, no employees; or \$10,000 - partnership, corporation, or proprietor with employees.

One of the following must be submitted with the application for registration:

- a. **Surety Bond.** Issued by an insurer or other surety company, with the bonding company’s power of attorney (and the bond must be signed by both the principal and the surety); The bond form (#08-4023b) must be signed by both the principal and the surety).  
- or -
- b. **Time Certificate of Deposit.** An original Time Certificate of Deposit (TCD) or Saving Passbook issued by a bank or trust company authorized to do business in Alaska. The certificate or passbook should read, “State of Alaska in trust for (Hearing Aid Dealer) .” The original certificate or passbook is held by the state and must be accompanied by a completed, signed and notarized Statement of Cash Deposit form (#08-4023c).  
- or -
- c. **Cashier’s Check.** Cash will be deposited in a Trust Account established by the state, which does NOT pay interest. The cash must be accompanied by a completed, signed, and notarized Statement of Cash Deposit form (#08-4023c).  
- or -
- d. **Employer Bonding Form.** A completed Verification of Hearing Aid Dealer Employer Bonding form (#08-4023d) if you are covered by your employer’s bond.

**5. VERIFICATION OF LICENSURE**

A completed Verification of Licensure form (#08-4023e) from each U.S. state in which the applicant holds or has held a license to practice as a hearing aid dealer. Make additional copies of the form, if necessary.

**6. BUSINESS LICENSE**

Proof of business license issued under AS 43.70.020 and applicable fee or a copy of the applicant’s (or employer’s current) Alaska business license.

## General Information

### APPLICATION PROCESSING:

The average time to process a paper application varies by program but can take several weeks from the date it is received in this office complete with all correct forms, supporting documents and appropriate fees paid. When the application is complete and correct, and all supporting documents have been received and all fees have been paid, the license will be issued. Start the process far enough in advance to allow for processing time. Applications are reviewed in order of receipt in our office, and walk-in customers should not expect immediate review.

### LICENSE TERM:

There is no "inactive" status. If you choose not to renew your license, it will lapse. Licenses are issued for a two-year period and expire on September 30 of even-numbered years, regardless of the date of issuance, except licenses issued within 90 days of the expiration date are issued to the next biennial expiration date. Renewal applications become available 30-90 days prior to the expiration date. One renewal notice will be sent via email or mail at least 30 days before license expiration to the last known email or mailing address of record. Failure to receive a renewal notice does not alleviate the requirement to renew the license if you wish to continue providing services in Alaska.

### PROFESSIONAL FITNESS QUESTIONS:

A "yes" response in the application does not mean your application will be denied. If you have responded "yes" to any professional fitness questions in the application, be sure to submit a signed and dated explanation, and the charging document and judgement.

### DENIAL OF APPLICATION:

Please be aware that the denial of an application of licensure may be reported to any person, professional licensing board, federal, state, or local governmental agency, or other entity making a relevant inquiry or as may be required by law.

### RANDOM AUDIT:

If your program requires continuing education, the Division will audit a percentage of the license renewals. If your license is randomly selected for audit, a letter will be sent with instructions to submit documentation as proof you satisfied the continuing competency requirements as stated on this renewal form. Licensees are randomly selected by computer and may be randomly selected as often as the computer program chooses. You must save your documents for at least four years so you can respond to audits.

### ADDRESS OR NAME CHANGE:

In accordance with 12 AAC 02.900, it is the applicant's/licensee's responsibility to notify the Division, in writing, of changes of address or name. Name and address change notification forms are available on the Division's website. The address of record with the division will be used to send renewals and all other official notifications and correspondence. The name appearing on the license must be your current legal name.

### CERTIFIED TRUE COPIES:

If any of the required documents will be issued under a former name, indicate on the application and submit marriage license and/or court documents that are notarized as a "certified true copy of the original document". To obtain a certified true copy, you must present the notary with the original document along with the photocopy. You must write, "I certify this is a true copy of the original document" and sign your name. The notary will compare the original document with the copy and then notarize your signature.

### SOCIAL SECURITY NUMBERS:

AS 08.01.060 and 08.01.100 require that a U.S. Social Security Number be on file with the division before a professional license is issued or renewed for an individual. If you do not have a U.S. Social Security Number, please complete the Request for Exemption from Social Security Number Requirement form (#08-4372) located at *ProfessionalLicense.Alaska.Gov* or contact the division for a copy of the form. This form is required with every application if you do not have a U.S. Social Security Number.

### PUBLIC INFORMATION:

Please be aware that all information on the application form will be available to the public, unless required to be kept confidential by state or federal law. Information about current licensees, including mailing addresses, is available on the division's website at *ProfessionalLicense.Alaska.Gov* under License Search.

### ABANDONED APPLICATIONS:

Under 12 AAC 02.910, an application is considered abandoned when 12 months have elapsed since correspondence was last received from or on behalf of the applicant. An abandoned application is denied without prejudice. At the time of abandonment, the division will send notification to the last known address of the applicant, who has 30 days to submit a written request for a refund of biennial license and other fees paid. The application fee will not be refunded. If no request for refund is received within that timeframe, no refund will be issued, and all fees will be forfeited.

**BUSINESS LICENSES:**

The status of a professional license will directly impact the status of an associated business license. Renewal applications for business licenses are mailed separately. For more information about business licenses, (907) 465-2550 or *BusinessLicense.Alaska.Gov*

**STALE DOCUMENTS:**

Application forms, authorizations and verifications older than 12 months from the date the document was received by the division will be considered stale; the document must be resubmitted as appropriate before the application will be considered by the division or a licensing board. Application documents include the application documents and verifications of licensure from other licensing jurisdictions. (12 AAC 02.915)

**PAYMENT OF CHILD SUPPORT:**

If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900 to resolve payment issues.

**STATUTES AND REGULATIONS:**

The complete set of statutes and regulations for this program are available by written request or online at the division's website: *ProfessionalLicense.Alaska.Gov*

If you would like to receive notice of all proposed regulation changes for your program, please send a request in writing with your name, preferred contact method (mail or email), and the specific program you want to be updated on to the address below.

Regulations Specialist  
Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing  
EMAIL: *RegulationsAndPublicComment@Alaska.Gov*



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## Hearing Aid Dealer License Application

### PART I Payment of Fees

Required Fees:	<input type="checkbox"/> Nonrefundable Application Fee	<b>\$200.00</b>
	<input type="checkbox"/> License Fee	<b>\$ 70.00</b>

### PART II Personal Information

Full Legal Name:			
<p><b>Provide all other names used (maiden, nicknames, aliases).</b> If any documentation will be received in a prior name, you must provide a certified true copy of the documentation showing proof of legal name change(s).</p> <p><input type="checkbox"/> Not Applicable</p> <p><input type="checkbox"/> Other Names Used: _____</p>			
Mailing Address:	P.O. Box or Street	City	State Zip
Contact Phone:		Date of Birth:	
<p><b>EMAIL AGREEMENT:</b> By choosing to receive correspondence on any matter affecting my license or other business with the Alaska Division of Corporations, Business and Professional Licensing, I agree to maintain an accurate email address through the MY LICENSE web page. I understand that failure to check my email account or to keep the email address in good standing may result in an inability to receive crucial information, potentially resulting in my inability to obtain or maintain licensure.</p>			
Email Address:		Select One:	<input type="checkbox"/> Send my Correspondence Electronically <input type="checkbox"/> Send my Correspondence by Mail
<p><b>Note: If both boxes are selected above, you will receive correspondence electronically.</b></p>			
<p><b>SOCIAL SECURITY NUMBER:</b> AS 08.01.060 requires you to provide your United States Social Security Number. It is considered confidential information and will not be publicly disclosed; it may be used to verify inter-state licensure.</p>			

### PART III Education/Graduate Education

List name of high school attended or G.E.D. information.

Name of School	Location	Diploma or GED Certificate Number	Year Awarded

### PART IV Professional Activities

List all current and previous hearing aid dealer licenses held in any state; have verifications completed by issuing agencies and sent directly to Alaska.

Check here if none.

Municipality/State/Territory/Country	License Number	Issue Date	Status	Issued By
				<input type="checkbox"/> Exam <input type="checkbox"/> Reciprocity
				<input type="checkbox"/> Exam <input type="checkbox"/> Reciprocity
				<input type="checkbox"/> Exam <input type="checkbox"/> Reciprocity

### PART V Practice History

List employment and/or private practice work experience as a hearing aid dealer since first being licensed anywhere.

Check here if none.

Employer/Associate	Address	Dates of Employment		Position	Full or Part Time
		From:	To:		
					<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
					<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
					<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time

## PART VI Professional Fitness Questions

The following questions must be answered. "Yes" answers may not automatically result in license denial.

For each "yes" response to any question, you must provide an **explanation and documentation**. Use the letter of explanation form (#08-4752) appended to this application; include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. A separate letter of explanation form must be provided for each "yes" answer documented below. Documentation includes copies of court orders, charging documents, board, or license actions, etc.

When in doubt about your response, disclose and provide the required explanation and documents. Applications submitted without the required attachments will be considered incomplete and will not be processed.

The contents of licensing files are generally considered public records. If you believe that the additional information you are attaching to explain a "yes" answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted.

### When in doubt, disclose and explain.

1. Have you had a professional license denied, revoked, suspended, or otherwise restricted, conditioned, or limited or have you surrendered a professional license, been fined, placed on probation, reprimanded, disciplined, or entered into a settlement with a licensing authority in connection with a professional license you have held in any jurisdiction including Alaska and including that of any military authorities or is any such action pending?  Yes  No

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2. Have you been convicted of a crime or are you currently charged with committing a crime? For purposes of this question, "crime" includes a misdemeanor, felony, or a military offense, including but not limited to, driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license. "Convicted" includes having been found guilty by verdict of a judge or jury, having entered a plea of guilty, nolo contendere or no contest, or having been given probation, a suspended imposition of sentence, or a fine.  Yes  No

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3. Within the past five years, have you reorganized, had a debt adjustment, or been adjudicated as bankrupt under bankruptcy proceeding due to insolvency or been a principal executive officer or general partner of a business that has been reorganized, had a debt adjustment, or been adjudicated as bankrupt due to insolvency?  Yes  No

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4. Are you subject to an injunctive order that is currently in effect from a pending proceeding or action brought by a public agency?  Yes  No

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5. Are you a defendant in a pending criminal or civil action relating to fraud, embezzlement, misappropriation of property, or the antitrust or trade regulation laws of the United States or a state?  Yes  No

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6. Within the past five years immediately preceding the date of application for licensure, have you experienced, or been treated for, bipolar disorder, schizophrenia, paranoia, depression (except for reactive or situational depression), psychotic disorder, or other mental or physical disability?  Yes  No

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7. Within the past five years, have you been or are you addicted to, excessively used, or misused alcohol, narcotics, barbiturates, or habit-forming drugs?  Yes  No

"Yes" Answers

If you answered "yes" to questions 6 or 7, in addition to your personal statement, you must submit a statement from your health care provider indicating your ability to safely practice as a hearing aid dealer. Applications submitted without the appropriate attachments will be considered incomplete and will not be processed.



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**Notary Signature Page**

**PART VII Notarized Signature**

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted herewith are true and correct.

I understand that any falsification or misrepresentation of any item or response in this application, or any attachment hereto, or falsification or misrepresentation of documents to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license or permit to practice in the state of Alaska.

I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

A person who makes a false statement on this application may be subject to civil and criminal penalties, including prosecution for perjury (AS 11.56.200 & AS 11.56.230).

Notary Stamp	<b>Applicant Printed Name:</b>			
	<b>Applicant Signature:</b>			
	<b>Notary Public for State of:</b>		<b>Subscribed and Sworn to Before me on this Day:</b>	
	<b>Notary Signature:</b>		<b>My Commission Expires:</b>	



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## Authorization for Release of Records

I hereby authorize the Alaska Division of Corporations, Business, and Professional Licensing and its investigators to examine my employment, educational records, and records pertaining to litigation, judgments, suits and/or settlements, and any law enforcement records pertaining to me and discuss them with persons having possession of them. I also expressly permit and authorize the release of any and all such records pertaining to me to the Alaska Division of Corporations, Business, and Professional Licensing and its investigators.

I authorize the division to discuss my records with persons or organizations that are considered appropriate by the division in connection with an official investigation, and to provide copies of my records to those persons or organizations deemed appropriate by the division.

I request that upon presentation of this release, or a Certified True Copy thereof, that you provide copies of those records to the division and/or its investigators, and/or representatives of the Office of the Attorney General of the State of Alaska.

This authorization is given expressly in connection with the application (initial, renewal, reactivation) for issuance of a hearing aid dealer license.

I hereby release you, your organization, the Alaska Department of Commerce, Community, and Economic Development, Division of Corporations, Business, and Professional Licensing and its investigators, and all others directly and/or indirectly involved in this matter from any liability or damage which may result from furnishing the information requested.

This authorization expires one (1) year from the date of my signature below.

<b>Name:</b>	First	Middle	Last
<b>Full Address:</b>	P.O. Box or Street	City	State Zip
<b>Phone:</b>			<b>Date of Birth:</b>
<b>Email:</b>			
<b>Signature:</b>			<b>Date Signed:</b>





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## Surety Bond

(Required by the Hearing Aid Dealer’s Licensing Act, AS 08.55)

<b>Principal Name:</b> (Applicant)					
<b>DBA Name:</b>					
<b>Bond Number:</b>		<b>Effective Date:</b>	mm/dd/yyyy	<b>Expiration Date:</b>	mm/dd/yyyy

KNOW ALL MEN BY THESE PRESENTS that we, the above-named hearing aid dealer(s), as principal, and the agency named below, as surety, are held firmly bound to the State of Alaska, in the sum of FIVE THOUSAND DOLLARS (\$5,000) lawful money of the United States, for the payment of which, well and truly to be made, we and each of us, bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

THE CONDITIONS OF THE ABOVE OBLIGATIONS ARE SUCH THAT: Whereas, the above bounden Principal has applied to the State of Alaska for license as a hearing aid dealer for the purpose of acting as a hearing aid dealer required to register with the State of Alaska pursuant to AS 08.92.010 -.090 and the acts amendatory thereof and supplemental there to:

NOW THEREFORE, if the State of Alaska shall register the above bounden principal as a hearing aid dealer and that principal shall faithfully and honestly act a hearing aid dealer in accordance with law, and fully complies with the provisions of AS 08.92.010 -.090 of the State of Alaska and acts thereof and supplemental thereto, and if the principal shall fully indemnify and save harmless from loss the State of Alaska and any person who may have cause of action against the principal for any malfeasance or misfeasance in the conduct of hearing aid dealer, then this obligation to be voided, otherwise to remain in full force and virtue.

LIABILITY UNDER THIS BOND commences on the date listed above and shall be continuous until the registration license is revoked or otherwise terminated by the Department of Commerce, Community, and Economic Development, State of Alaska (the Department) or until written notice from the Surety is received by the Department provided the bond has been cancelled for lawful reasons. The bond shall apply to all liens and liabilities which arise during the effective period of the bond to which the bond is applicable under law, even if the judgment liens are foreclosed or valid liens settled after the effective period of the bond or liabilities are enforced after the effective period of the bond.

IN WITNESS OF THE ABOVE, principal and surety have signed and sealed this bond on the date listed below.

<b>Principal Signature:</b> (Applicant)				<b>Date Signed:</b>	
<b>Surety Name:</b>					
<b>Surety Signature:</b>				<b>Date Signed:</b>	
<b>Attorney-in-Fact:</b>					
<b>Agency Name:</b>					
<b>Agency Address:</b>	Street	City	State	Zip	

THIS BOND IS NOT VALID UNTIL SIGNED BY BOTH PRINCIPAL AND SURETY.  
Surety's Power of Attorney **must be attached.**

**Surety’s Seal**  
(Required)



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**Statement of Cash Deposit**

AS 08.55.030: A certificate of deposit, other negotiable instrument, or cash filed with the commissioner instead of a bond must be accompanied by a Statement of Cash Deposit signed by the hearing aid dealer and bank representative acknowledging transfer to the department.

<b>Applicant Name:</b>			
<b>DBA Name:</b>			
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other: _____			
For value received, the undersigned assigns and transfers to the State of Alaska one of the following:			
<input type="checkbox"/> Surety Bond <input type="checkbox"/> Time Certificate of Deposit <u>OR</u> Passbook Account <input type="checkbox"/> Cash Deposit			
<b>Deposit Number:</b>		<b>Amount of Deposit:</b>	
<b>Bank Name:</b>			
<b>Bank Address:</b>			
<b>APPLICANT AND NOTARY</b>			
The undersigned irrevocably constitutes and appoints the State of Alaska by and through its duly authorized agents as his/her/their Attorney-in-Fact to do all things necessary and appropriate to effectuate the purposes of this assignment. It is agreed and understood that this assignment shall remain in full force and effect for the period of time provided by law for actions against the surety bond. All persons whose names appear on the certificate or passbook account must sign below.			
Notary Stamp	<b>Applicant Printed Name:</b>		
	<b>Applicant Signature:</b>		<b>Date:</b>
	<b>Notary Public for State of:</b>		<b>Subscribed and Sworn to Before me on this Day:</b>
	<b>Notary Signature:</b>		<b>My Commission Expires:</b>



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## Verification of Hearing Aid Dealer Employer Bonding



**Applicant:**

Please complete the identifying information below and forward a copy of this form to your current employer.

<b>Applicant Name:</b>			
<b>Mailing Address:</b>	P.O. Box or Street	City	State Zip
<b>Applicant Signature:</b>		<b>Date Signed:</b>	



**Employer:**

The above-named individual is applying for licensure as a hearing aid dealer in Alaska. Please complete this bottom part for the applicant identified above and return the form directly to the Alaska Hearing Aid Dealers Program at the letterhead address.

<b>Applicant Name:</b>		<b>Employment Begin Date:</b>	
<b>Insurance Company Name:</b>		<b>Bond Number:</b>	
<b>Issue Date:</b>		<b>Expiration Date:</b>	
<b>Original Bond:*</b>	<input type="checkbox"/> Attached <input type="checkbox"/> Already on file with division		
<b>Doing Business As: (DBA)</b>		<b>License Number:</b>	

### Notarized Signature

By my signature below, I certify that the above-named applicant is my employee and is covered under the aforementioned bond in the amount of \$10,000. I understand I am liable for any acts of negligence or improper dealing in hearing aids the above-named individual may commit if it is determined by court judgment. When this employer-employee relationship ends, I will notify the state, in writing, of the date of termination.

Notary Stamp	<b>Employer Printed Name:</b>		
	<b>Employer Signature:</b>		<b>Date Signed:</b>
	<b>Notary Public for State of:</b>		<b>Subscribed and Sworn to Before me on:</b>
	<b>Notary Signature:</b>		<b>My Commission Expires:</b>

\*Note: The "original" of the above bond must be on file with the division, either attached to this verification or provided earlier with someone else's application.



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## Verification of Hearing Aid Dealer License

→ **Applicant:** Please complete the identifying information below and forward a copy of this form to all states, territories, or jurisdictions where you currently are or have ever been licensed as a hearing aid dealer. *Make additional copies of this form, as needed.*

<b>Applicant Name:</b>		<b>Date of Birth:</b>	
<b>Mailing Address:</b>	P.O. Box or Street	City	State Zip
<b>Applicant Signature:</b>		<b>Date Signed:</b>	

→ **Licensing Agency or State Board:** Please complete this bottom part for the applicant identified above and return the form directly to the Alaska Hearing Aid Dealers Program at the letterhead address.

<b>Licensee Name:</b> (As Shown in Your Records)		<b>License Number:</b>	
<b>Original Issue Date:</b>		<b>Expiration Date:</b>	
<b>License Status:</b>	<input type="checkbox"/> Current <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed <input type="checkbox"/> Other: _____		
<b>Issued By:</b>	<input type="checkbox"/> Exam (Date: _____) <input type="checkbox"/> Credentials <input type="checkbox"/> Other: _____		
<b>Has there been any final disciplinary action taken against this licensee?</b> (If yes, please provide a copy of the disciplinary action document)			
<b>Derogatory Information, If Any:</b>			
Board Seal	<b>Board/Agency Name:</b>		
	<b>Printed Name:</b>		<b>Title:</b>
	<b>Signature:</b>		<b>Date Signed:</b>

## Statutes & Regulations

Under AS 08.55.010(5), an applicant must furnish evidence satisfactory to the department that the applicant has not engaged in conduct set out in AS 08.55.130, Grounds for Imposition of Disciplinary Sanctions, as noted below:

- (1) secured a license through deceit, fraud, or intentional misrepresentation;
- (2) engaged in deceit, fraud, or intentional misrepresentation in the course of providing professional services or engaging in professional activities;
- (3) advertised professional services in a false or misleading manner;
- (4) has been convicted of a felony or other crime that affects the individual's ability to continue to practice competently and safely;
- (5) failed to comply with a provision of this chapter or a regulation adopted under this chapter, or an order of the department;
- (6) continued to practice after becoming unfit due to
  - (A) professional incompetence;
  - (B) addiction to or severe dependency on alcohol or another drug that impairs the individual's ability to practice safely;
  - (C) physical or mental disability;
- (7) employed a person who did not have a valid current license to deal in hearing aids to perform work covered by this chapter;
- (8) failed or refused to honor a representation, promise, agreement, or warranty made by the person while dealing in hearing aids;
- (9) advertised a model, type, or kind of hearing aid for sale that the person does not sell;
- (10) failed to maintain a business address or telephone number at which the individual could normally be reached during regular business hours;
- (11) included in a contract or receipt for the purchase or lease of a hearing aid a confession of judgment or a waiver of a right of the consumer under this chapter;
- (12) used undue influence, coercion, or other willful act or representation to interfere with the exercise by the consumer of the rights provided in this chapter;
- (13) negotiated, transferred, sold, or assigned a note or other evidence of indebtedness to a finance company or other third party within two months of delivering a hearing aid to a purchaser or lessee of the hearing aid by mail or in person;
- (14) permitted another person to use the licensee's license;
- (15) dealt in hearing aids while suffering from a serious disease that was contagious or infectious.



THE STATE  
of

**ALASKA** Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing

**Professional Licensing**

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: [License@Alaska.Gov](mailto:License@Alaska.Gov)

Website: [ProfessionalLicense.Alaska.Gov](http://ProfessionalLicense.Alaska.Gov)

## Letter of Explanation for a Professional Fitness “Yes” Answer

Use this form only to explain and document any professional fitness “yes” answers. A “yes” answer is not necessarily disqualifying but concealing one may be.

Each “yes” answer requires a separate explanation and associated documentation. Submit all relevant documentation with this form, even if you have previously provided it.

- **Explanations** include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. If the space provided is insufficient, make additional copies as needed.
- **Documentation** includes copies of court orders, charging documents, board or license actions, decisions against your professional certification, satisfaction of consent agreements (fines paid, community service completed, off probation, etc.), and fitness to practice letters (statement from your provider that you are safe to practice if you check “yes” to any of the questions regarding mental or physical health, or drug or alcohol abuse or addiction).
- **Disciplinary actions** may include, but not be limited to, suspension, surrender, revocation, probation, academic probation, reprimand, censure, restricted license, limited license, conditioned license, or letters of counseling, concern, advice, warning, caution, admonishment, or reprimand.

If you have multiple “yes” answers or multiple incidents for any professional fitness question, you must use a separate copy of this form and provide a full explanation and documentation for each incident.

The contents of licensing files are public records. If you believe that the additional information you are attaching to explain a “yes” answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted according to state law.



Write the professional fitness question number you are answering “yes” to in the box.

<b>Location of Incident:</b>		<b>Date of Incident:</b>	
<b>Explanation of Incident:</b> When in doubt, disclose and explain. <i>Make copies as necessary.</i>			

**Did you attach all applicable documents associated with this incident?**

- Court Orders     
  Consent Agreements     
  Disciplinary Actions     
  Charging Documents  
 Court Records     
  Fitness to Practice     
  All Other Documentation Related to This Incident  
 I have additional incidents for this “yes” answer, or “yes” answers to other Professional Fitness questions and have attached a separate copy of this form for each incident.

<b>Full Name:</b>		<b>Program:</b>	
<b>Signature:</b>		<b>Date Signed:</b>	



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PO Box 110806, Juneau, AK 99811  
Phone: (907) 465-2550

## Credit Card Payment Form

All major credit cards are accepted. For security purposes, do not email credit card information. Include this credit card payment form with your application.

Name of Applicant or Licensee: \_\_\_\_\_

Profession Type (e.g., Acupuncture): \_\_\_\_\_

License Number (if applicable): \_\_\_\_\_

I wish to make payment by credit card for the following (check all that apply):

**AMOUNT**

Application Fee: \_\_\_\_\_

License or Renewal Fee: \_\_\_\_\_

Other (fine, exam, etc.): \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

Name (as shown on credit card): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email (optional): \_\_\_\_\_

Signature of Credit Card Holder: \_\_\_\_\_

08-4438

Rev 12/06/2022

Credit Card Payment Form (all major cards accepted)

<b>CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!</b>	
1. Credit Card Number: _____	All 3 fields <b>MUST</b> be completed!  This section will be destroyed after the payment is processed.
2. Expiration Date: _____	
3. Security Code: _____	