THE STATE of ALASKA

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

AUD

FOR DIVISION USE ONLY

Hearing Aid Dealers Program
PO Box 110806, Juneau, AK 99811
(907) 465-2550
Email: *HearingAidDealers@Alaska.Gov*
Website*: ProfessionalLicense.Alaska.Gov/HearingAidDealers*

Hearing Aid Dealers License Renewal

October 1, 2020 – September 30, 2022

- Your license lapses after September 30, 2020. There is no grace period — it is illegal to work if your license has lapsed.
- Make checks and money orders payable to the State of Alaska or use the attached credit card payment form.
- Plan on a 4-6 week processing time for correct and complete renewal applications.

PART I Payment of Fees

Renewal Type:	☐ Biennial License Renewal *(for licenses first issued on or before September 30, 2019)*	**$225.00**
	☐ Prorated License Renewal *(for licenses first issued on or after October 1, 2019)*	**$112.50**
Late Renewal:	☐ Delayed Renewal Penalty *(for renewals postmarked on or after December 1, 2020)*	**$50.00**

PART II Personal Information

Full Legal Name: Name change: ☐			
If you have had a legal name change since your last license was issued, you must complete a Change of Name form.			
Mailing Address: Address change: ☐			
License Number:		**Phone Number:**	

EMAIL AGREEMENT: 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.

Email Address:		☐ Send my Correspondence by Email ☐ Send my Correspondence by US Mail
SOCIAL SECURITY NUMBER: AS 08.01.100 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.		

PART III Professional Fitness Questions

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

If you answer "Yes" please explain dates and circumstances on a separate piece of paper, signed and dated, and send any supporting documents that are applicable (court records, judgments, charging documents, etc.).

Applications submitted without the appropriate attachments will be considered incomplete and will not be processed.

When in doubt, disclose and explain.

Since the date your last license was issued or renewed:

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**

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**

3. Have you experienced or been treated for bipolar disorder, schizophrenia, paranoia, depression, (except for situational or reactive depression), psychotic disorder, or other mental or physical disability that may impair or interfere with your ability to practice as a hearing aid dealer?

☐ **Yes ***
☐ **No**

4. Have you been treated for substance abuse, or have you been addicted to, or excessively or illegally used, alcohol or a controlled substance which may impair or interfere with your ability to practice as a hearing aid dealer.

☐ **Yes ***
☐ **No**

***** "Yes" Answers

If you answered "Yes" to questions 3 or 4, in addition to your personal statement, you must submit a "safe to practice" letter from the appropriate health care provider indicating your ability to safely practice as a hearing aid dealer.

PART IV Proof of Bonding

You must have current a bond, TCD, cash deposit, or current employer bond on file with the division.

- Bond, cash deposit, or Time Certificate of Deposit must be at least $5,000
- Employer Bonds must be at least $10,000

  — AS 08.55.030

☐ **Bond of $5,000**

Bond Number: _____

— or —

☐ **Time Certificate of Deposit of $5,000**

TCD Number: _____

Bank Name: _____

— or —

☐ **Cash Deposit of $5,000**

— or —

☐ **Employer Bond of $10,000**

A dealer whose license is bonded through an employer bond must have the following section completed by his or her employer.

Bonded Employee: _____

Bond Number: _____

Bond Issuer: _____

Bond Expiry Date: _____

Bond Amount: _____

When this employer-employee relationship ends, I will notify the state in writing of the date of termination:

Dealer License Number: _____

Employer Printed Name: _____

Employer Signature: _____

Date: _____

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CSW

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Hearing Aid Dealers Program
PO Box 110806, Juneau, AK 99811
(907) 465-2550
Email: *HearingAidDealers@Alaska.Gov*
Website*: ProfessionalLicense.Alaska.Gov/HearingAidDealers*

Signature Page

Applicant Name:	

PART V Agreement

A sole proprietorship or employer is required to have a current, valid Alaska business license in order to renew their hearing aid dealer license. ***Employees are not required to hold a business license separate from their employers.***

Business Name:			
License Number:		**Expiration Date:**	
OR, I do not need an Alaskan business license because I am an employee of:			

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, certificate, 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.

Signature:		**Date:**	

APPLICATION INFORMATION

HAD Information

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. One renewal notice will be mailed at least 30 days before license expiration to the last known address of record. If your program offers temporary licenses, they are issued for either 30 consecutive days or until the end of the calendar year, whichever period is shorter.

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. If the application is incomplete, the applicant will be notified of the incomplete and/or incorrect documents and fees. 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 and sent to you. 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.

“YES” RESPONSES

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.

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

In accordance with AS 08.01.060, the department is not authorized to issue a license to a natural person, unless the applicant's Social Security Number has been provided to the department. If you are a foreign citizen unable to obtain a United States Social Security Number, please contact the division for further instructions or obtain the Exception from SSN Requirement (Form #08-4372), from the division web site at www.commerce.alaska.gov/occ/.

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.

SPECIAL ACCOMMODATIONS FOR EXAMINATION

Programs under the jurisdiction of the Division of Corporations, Business and Professional Licensing are administered in accordance with the Americans with Disabilities Act. If you require a special accommodation when taking the licensing examination, you must submit an Application for Examination Accommodations for Candidates with Disabilities form (08-4449).

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.

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.

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 contact: (907) 465-2550 or *BusinessLicense.Alaska.gov.*

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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Phone: (907) 465-2550
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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. Do not assume that the division has documentation that you have already provided. Submit all relevant documentation with this form.

- **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, 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).
- **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.

Write the professional fitness question number you are answering "Yes" to in the box.

Location of Incident:		**Date of Incident:**	
Explanation of Incident:			
When in doubt, disclose and explain. **Make copies as necessary.**			

Did you attach all applicable documents associated with this incident?

- ☐ Court orders
- ☐ Consent agreements
- ☐ License 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.

Full Name:		**PL Code:**	
Signature:		**Date:**	

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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: _____

Program Type: _____ 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 *(name change, wall certificate, fine, duplicate license, exam, etc.)*:
  1. _____ _____
  2. _____ _____

TOTAL: 0

Name *(as shown on credit card)*: _____

Mailing Address: _____

Phone Number: _____ Email *(optional)*: _____

Signature of Credit Card Holder: _____

08-4438 Rev 12/26/18 Credit Card Payment Form (all major cards accepted)

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!

1. Credit Card Number: _____
2. Expiration Date: _____
3. Security Code: _____

All 3 fields **MUST** be completed!

This section will be destroyed after the payment is processed.