



THE STATE
of

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

Hearing Aid Dealers Program

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: HearingAidDealers@Alaska.Gov

Website: 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 signed, completed application (#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

Total Fees Due \$270.00

3. 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 licensure:

- 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 Surety Bond Form (#08-4971) 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.

4. VERIFICATION OF LICENSURE

Verification of Licensure must be sent directly to the department from each jurisdiction where the applicant holds or has ever held a license to practice as a hearing aid dealer. Each verification must include an explanation of any disciplinary action taken against the licensee. Check with each of the state boards you are or have been licensed in for their verification request process. If a state offers primary source verification on their website, that can be accepted as long as the website clearly confirms that it's a primary source verification.

5. 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 processing time varies by program. When the application is complete and correct, all supporting documents have been received and all fees have been paid, the license may 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:

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 which are issued to the next biennial 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 relieve a licensee from the responsibility of renewing a license on time.

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, submit an explanation with the charging and closing court documentation showing final disposition of charge(s) (e.g. court records, fitness letters, etc.).

DENIAL OF APPLICATION:

The denial of an application for 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.

CHANGES TO LEGAL NAMES, EMAIL ADDRESSES AND/OR MAILING ADDRESSES:

It is the applicant's responsibility to notify the division of any changes to legal names, email addresses and/or mailing addresses. The email or mailing address of record will be used to send all official notifications. The name appearing on the license must be your current legal name. The name change notification form is available on the division's website. Changes to email and/or mailing addresses can be submitted through MY LICENSE. (12 AAC 02.900)

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:

A U.S. Social Security Number must be on file with the division before a professional license is issued. If you do not have a U.S. Social Security Number, complete the Request for Exemption from Social Security Number Requirement form located at *ProfessionalLicense.Alaska.Gov*, and include required supporting documents as noted on the form. (AS 08.01.060)

PUBLIC INFORMATION:

All information on the application will be available as public record, unless required to be kept confidential by state or federal law.

ABANDONED APPLICATIONS:

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 email or mailing address of the applicant, who then has 30 days to submit a written request for a refund of biennial license and other fees paid, if applicable. The application fee will not be refunded. If no request for a refund is received within that timeframe, no refund will be issued, and all fees will be forfeited. (12 AAC 02.910)

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)

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. A professional license does not bypass the need for a business license; if a business license is required, it must be obtained after an initial professional license is issued. For more information about business licenses, visit *BusinessLicense.Alaska.Gov*.

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*. Centralized statutes and regulations also apply to all professional licenses; those are also available on the division's website. To receive notifications of proposed regulation changes, send a request with your name, email, and the program you want to be updated on to the regulation specialist at the following email: *RegulationsAndPublicComment@Alaska.Gov*. Courtesy notifications of proposed program regulations changes will also be sent to the email address on record.



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AUD

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Audiologist and Speech-Language Pathologist Program

PO Box 110806, Juneau, AK 99811

Website: ProfessionalLicense.Alaska.Gov/AudiologistsandSpeech-LanguagePathologists

Hearing Aid Dealer License Application

PART I Payment of Fees

Required Fees: ☐ Application and License Fee (\$200 is Non-Refundable) **\$270.00**

PART II Personal Information

Full Legal Name:

Provide all other names used (maiden, nicknames, aliases). 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).

☐ Not Applicable

☐ Other Names Used: _____

Mailing Address:

P.O. Box or Street

City

State

Zip

Contact Phone:

Date of Birth:

EMAIL AGREEMENT: Providing an email address authorizes the division to send you a web authorization code to register with the MY LICENSE self-service portal. If you do not receive a code or the code you received has expired, contact the division. Once registered you may opt-in to receive all official correspondence electronically. Your account can be accessed at any time.

Email Address:

SOCIAL SECURITY NUMBER: 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.

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
		From:	To:		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
		From:	To:		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time

PART VI Alaska Law

☐ I hereby certify I have reviewed, understand and will abide by the statutes and regulations applicable to my profession (AS 08.11 and 12 AAC 07).

PART VII 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, unless required to be kept confidential by state or federal law.

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
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. 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
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
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
6. Are you currently suffering from any condition, mental or physical, that impairs your judgement or that would otherwise adversely affect your ability to practice as a hearing aid dealer in a competent, ethical and professional manner? ☐ Yes ☐ No

"Yes" Answers

If you answered "yes" to question 6, 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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Signature Page

Applicant Name:		
Alaska License Number (if known):		<input type="checkbox"/> <i>Application in Process</i>

PART VIII Agreement

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

I understand 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, registration, certificate, or permit to practice in the state of Alaska.

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

Applicant Signature:		Date Signed:	
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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.

Applicant Name:			
DBA Name:			
<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			
Deposit Number:		Amount of Deposit:	
Bank Name:			
Bank Address:			
APPLICANT AND NOTARY			
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 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.			
<div>Notary Stamp</div>	Applicant Printed Name:		
	Applicant Signature:		Date:
	Notary Public for State of:		Subscribed and Sworn to Before me on this Day:
	Notary Signature:		My Commission Expires:



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Verification of Hearing Aid Dealer Employer Bonding

➔ **Applicant:** Complete the identifying information below and forward a copy of this form to your current employer.

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

➔ **Employer:** The above-named individual is applying for licensure as a hearing aid dealer in Alaska. 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.

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

Notarized Signature

By my signature below, I certify 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	Employer Printed Name:			
	Employer Signature:		Date Signed:	
	Notary Public for State of:		Subscribed and Sworn to Before me on:	
	Notary Signature:		My Commission Expires:	

*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.

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.



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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. 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 generally considered public records, unless required to be kept confidential by state or federal law.



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. <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.

Full Name:		Program:	
Signature:		Date Signed:	



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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:			
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
<input type="checkbox"/>	Application Fee:		
<input type="checkbox"/>	License or Renewal Fee:		
<input type="checkbox"/>	Other (fine, exam, etc.):		
1.			
2.			
TOTAL:			

Name (as shown on credit card):			
Mailing Address:			
Phone Number:		Email (Optional):	
Signature of Credit Card Holder:			

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

1. Credit Card Number:		All 3 fields MUST be completed. This section will be destroyed after the payment is processed.
2. Expiration Date:		
3. Security Code:		