



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
(907) 465-2550 • Email: HearingAidDealers@Alaska.Gov
Website: ProfessionalLicense.Alaska.Gov/HearingAidDealers

AUD

FOR DIVISION USE ONLY

Renewal: Hearing Aid Dealers License

October 1, 2018 – September 30, 2020

- Your hearing aid dealer license lapses after September 30, 2018. There is no grace period — it is illegal to work if your license has lapsed. Emailed renewals will not be accepted.
- Make checks and money orders payable to the State of Alaska or use the attached credit card payment form.
- Plan on a three- to four-week processing time for correct and complete renewal applications.

| | | |
|----------------------|---|-----------------|
| Renewal Type: | <input type="checkbox"/> Biennial License Renewal <i>(for licenses first issued on or before September 30, 2017)</i> | \$225.00 |
| | <input type="checkbox"/> Prorated License Renewal <i>(for licenses first issued on or after October 1, 2017)</i> | \$112.50 |
| Late Renewal: | <input type="checkbox"/> Delayed Renewal Penalty <i>(for renewals postmarked on or after December 1, 2018)</i> | \$50.00 |

Alaska Hearing Aid Dealer License Number: _____

Full Legal Name: _____

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:

Contact Phone: _____

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.

____-____-____

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: _____

The following professional fitness questions must be answered. "Yes" answers may not automatically result in license denial. If you answer "Yes" to any of the questions, please explain dates and specific circumstances (locations, type of action, organizations or parties involved) on a separate piece of paper, signed and dated, and send any supporting documents that are applicable (court records, judgments, charging documents, certificates of completion, board or license actions, investigative notices, etc.).

When in doubt, disclose and explain.

Since 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.

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.

I hold a business license in the name of: _____

License Number: _____ Expiry Date: _____

I do not need an Alaskan business license because I am an employee of: _____

WARNING — The division may deny, suspend, or revoke the license or certificate of a person who has obtained or has attempted to obtain a license by fraud or deceit. The person may also be subjected to criminal charges for unsworn falsification. By my signature below, I certify that the information furnished in this application is true and correct. I further certify that I have successfully completed the required continuing competency as of this date, as reflected by my completed Statement of Compliance. If audited, I understand I must provide documentation that verifies I meet the activities as claimed.

Applicant's Signature: _____ **Date:** _____



State Office Building, 333 Willoughby Avenue, 9th Floor
PO Box 110806, Juneau, AK 99811-0806
Phone: (907) 465-2550
Email: license@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.

| | | | |
|---|--|--------------------------|--|
| 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
 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: | | | |
| Signature: | | Date: | |

! 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 with a cover letter about Alaska statutory requirements. If the application is not approved for licensure, a written explanation of the basis of that denial and information on how to appeal the decision will be provided. 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. 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.

"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 question in the application, be sure to submit a signed and dated explanation, and both charging and closing court documentation.

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, you will be sent a letter and required to submit copies of documentation and proof that you satisfied the continuing competency requirements as you stated on this renewal form. Please note that 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. To make these changes and to opt-in to receive email notifications, visit: ProfessionalLicense.Alaska.Gov/MYLICENSE

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 located at ProfessionalLicense.Alaska.gov or contact the Division for a copy of the form.

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).

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.

PAYMENT OF CHILD SUPPORT AND STUDENT LOANS:

If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, or if the Alaska Commission on Postsecondary Education has determined you are in loan default, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900, or the Postsecondary Education office at (907) 465-2962 or (800) 441-2962 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 about business licenses, call (907) 465-2550 or online at: 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 program you want to be updated on to:

REGULATIONS SPECIALIST
Email: RegulationsAndPublicComment@Alaska.Gov
Department of Commerce, Community, and Economic Development
P.O. Box 110806
Juneau, Alaska 99811-0806



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Division of Corporations, Business and Professional Licensing
333 Willoughby Avenue, 9th Floor, Juneau, AK 99801
PO Box 110806, Juneau, AK 99811
Phone: (907) 465-2550 • Fax: (907) 465-2974

CREDIT CARD PAYMENT

For security purposes, do not email credit card information. Fax or mail this credit card payment form to the division. Completion of this form is not proof of payment until the division processes the information. If any information on this form is illegible, the form will be rejected.

Name of Applicant or Licensee: _____

License 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: _____

Name (as shown on credit card): _____

Mailing Address: _____

Phone Number: _____ Email (optional): _____

Signature of Credit Card Holder: _____

08-4438

Rev 05/01/18

Credit Card Payment Form

VISA or Mastercard Number: _____ Expiration Date: _____

Billing ZIP Code: _____ 3-Digit Security Code: _____

This section below the dotted line will be destroyed upon processing of the payment.