

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
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Office Location: 4822 Madison Yards Way
Madison, WI 53705
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Website: <http://dsps.wi.gov>

HEARING AND SPEECH EXAMINING BOARD

INFORMATION FOR COMPLETING HEARING INSTRUMENT SPECIALIST APPLICATION

LICENSURE BY EXAMINATION:

1. **Application (Form #533)** Please complete the application (**Form #533**) and enclose the following as indicated along with license fee(s).
2. **Education** Submit verification of high school education or equivalent. This may consist of a copy of a high school diploma, a transcript, or a letter from high school, or similar documentation of an advanced degree.
3. **Hearing Instrument Specialist (HIS) Practical Exam** An applicant shall pass a practical exam that consists of two (2) parts: Audiometric and Ear Mold. The Practical Exam is designed to test the applicant's proficiency in the techniques and procedures described in Wis. Admin. Code § HAS 3.03.
4. **International Licensing Examination (ILE) Written Exam** An applicant for Hearing Instrument Specialist license shall pass the ILE for Hearing Healthcare Professionals.
5. **Verification of licensure in other states** You are required to have each state board in which you have ever been licensed submit letters of verification to the Wisconsin Hearing and Speech Examining Board. The letters must indicate your date of birth, license number, date of issuance, a statement regarding disciplinary actions, and whether license was issued by examination in that state. These letters will be required in order to complete your application for licensure.

INSTRUCTIONS FOR TEMPORARY TRAINEE PERMIT:

An applicant who meets all requirements for examination may be granted a temporary trainee permit to practice fitting of hearing aids for a period of one (1) year. You must have taken and passed the practical examination prior to the expiration of your permit.

This permit allows you to gain experience prior to taking the practical examination, which is given on a quarterly basis. Applicants must apply under the supervision of a licensed Wisconsin Hearing Instrument Specialist who is **not** supervising another trainee.

Applicants for a Temporary Trainee Permit shall provide the Board with the following:

1. **Completed Application (Form #533)** and Temporary Trainee Permit fee.
2. **Education** Submit verification of high school education or equivalent. This may consist of a copy of a high school diploma, a transcript, or a letter from high school, or similar documentation of an advanced degree.
3. **Examination Fee**
4. **Request for Temporary Trainee Permit (Form #2028)**

DEADLINE DATES (for examination and reciprocity applicants)

Applications and all supporting documents must be complete and on file in the Board office 30 days prior to the date of examination and Board meeting.

EXAMINATION AND BOARD MEETING DATES

Examinations and Board meetings dates can be found on our website using the following link:

<https://dsps.wi.gov/Pages/Professions/HearingInstrumentSpecialist/Exams.aspx>.

LICENSURE BY RECIPROCITY:

Applicants who hold a valid license to deal in or fit hearing aids in another state of jurisdiction may apply for a Wisconsin license by reciprocity.

1. **Application (Form #533)** Please complete the application (**Form #533**) and enclose the following as indicated along with license fee(s).
2. **Education** Submit verification of high school education or equivalent. This may consist of a copy of a high school diploma, a transcript, or a letter from high school, or similar documentation of an advanced degree.
3. **Verification of licensure in other states** You are required to have each state board in which you have ever been licensed submit letters of verification to the Wisconsin Hearing and Speech Examining Board. The letters must indicate your date of birth, license number, date of issuance, a statement regarding disciplinary actions, and whether license was issued by examination in that state. These letters will be required in order to complete your application for licensure.

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HEARING AND SPEECH EXAMINING BOARD

APPLICATION FOR HEARING INSTRUMENT SPECIALIST LICENSE

The Department must deny your application if you are liable for delinquent state taxes, UI contributions, or child support (Wis. Stat. §§ 440.12 and 440.13).

PLEASE TYPE OR PRINT IN INK <input type="checkbox"/> Your name, address, telephone number and e-mail address are available to the public. Check box to withhold street address/PO Box, telephone number, and e-mail address from lists of 10 or more credential holders (Wis. Stat. § 440.14).			
Last Name <input style="width:90%;" type="text"/>	First Name <input style="width:90%;" type="text"/>	MI <input style="width:90%;" type="text"/>	Former / Maiden Name(s) <input style="width:90%;" type="text"/>
Address (street, city, state, zip code) <input style="width:95%;" type="text"/>		Daytime Telephone Number <input style="width:20%;" type="text"/> <input style="width:20%;" type="text"/> - <input style="width:20%;" type="text"/> <input style="width:20%;" type="text"/> - <input style="width:20%;" type="text"/> <input style="width:20%;" type="text"/>	
Mailing Address (if different) <input style="width:95%;" type="text"/>		Date of Birth <input style="width:10%;" type="text"/> <input style="width:10%;" type="text"/> / <input style="width:10%;" type="text"/> <input style="width:10%;" type="text"/> / <input style="width:10%;" type="text"/> <input style="width:10%;" type="text"/> <input style="width:10%;" type="text"/> <input style="width:10%;" type="text"/>	
Social Security Number <input style="width:15%;" type="text"/> <input style="width:15%;" type="text"/> <input style="width:15%;" type="text"/> - <input style="width:15%;" type="text"/> <input style="width:15%;" type="text"/> - <input style="width:15%;" type="text"/> <input style="width:15%;" type="text"/> <input style="width:15%;" type="text"/>		Your Social Security Number or Employer Identification Number must be submitted with your application on this form. If you do not have a Social Security Number, you must complete Form #1051. The Department may not disclose the Social Security Number collected except as authorized by law.	
Ethnicity/gender status information is optional. ETHNICITY: <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Hispanic <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other SEX: <input type="checkbox"/> M <input type="checkbox"/> F			
Have you ever been licensed in Wisconsin as a Hearing Instrument Specialist? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list your credential number:			
			<input style="width:100%;" type="text"/>
E-mail Address <input style="width:95%;" type="text"/>			
School Name <input style="width:95%;" type="text"/>		School Address (street, city, state) <input style="width:95%;" type="text"/>	
Date Degree/Diploma Granted <input style="width:10%;" type="text"/> <input style="width:10%;" type="text"/> / <input style="width:10%;" type="text"/> <input style="width:10%;" type="text"/> / <input style="width:10%;" type="text"/> <input style="width:10%;" type="text"/> <input style="width:10%;" type="text"/> <input style="width:10%;" type="text"/>		Dates Attended: From: <input style="width:10%;" type="text"/> <input style="width:10%;" type="text"/> / <input style="width:10%;" type="text"/> <input style="width:10%;" type="text"/> To: <input style="width:10%;" type="text"/> <input style="width:10%;" type="text"/> / <input style="width:10%;" type="text"/> <input style="width:10%;" type="text"/>	

APPLICATION FEES: Please check applicable box. Make check payable to DSPS and attach to this application. To pay by credit card see [Form #3071](#).

I am seeking a Veteran Fee Waiver (for Initial Credential Fee only, see page 2 for further information)

Practical Examination Applicants
 \$266.00 Practical Exam Fee
 \$ 60.00 Initial Credential Fee
\$326.00 Total Fee Attached

Request for a Temporary Trainee Permit (for exam applicants only)
\$ 10.00 (is required in addition to the above fee and is non-refundable)

Licensure by Reciprocity Applicants
 \$ 60.00 Initial Credential Fee
\$ 60.00 Total Fee Attached

Late Renewal (license expired 5 years or more)
 \$ 60.00 Renewal Fee
 \$ 25.00 Late Fee
\$ 85.00 Total Fees Attached

For Receiving Use Only (60)

Wisconsin Department of Safety and Professional Services

APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

- | | |
|---|---|
| <input type="checkbox"/> Application (Form #533) and appropriate fee
<input type="checkbox"/> Copy of High School diploma or documentation of higher educational degree
<input type="checkbox"/> Letters from all State Boards where licensed, active and inactive
<input type="checkbox"/> Proof of Completion of Continuing Education (Only required if applying after credential has been expired five years or more.) | <input type="checkbox"/> Convictions and Pending Charges (Form #2252), if applicable
<input type="checkbox"/> Malpractice Suits or Claims (Form #2829) and copies of malpractice suit, court documents with allegations and settlement, if applicable
<input type="checkbox"/> Is name on all credentials the same? If not, submit certified copy of marriage certificate, divorce decree, etc. |
|---|---|

ARE YOU A VETERAN? If yes, please view the DSPS website at <https://dsps.wi.gov/Pages/Professions/MilitaryLicensureBenefits.aspx> for information and eligibility requirements for veterans, service members, former service members, and their spouses.

If you qualify, are you requesting a waiver of your initial credentialing fee? Yes No
 If Yes, provide copy of WI Dept of Veterans Affairs (WDVA) voucher code and list your WDVA Voucher Code #: _____

If you qualify, are you requesting equivalency of your military training and experience? Yes No
 If Yes, complete and return the Veteran Request Application Addendum (**Form #2996**). This form must be included with this application. (You may contact the WDVA at 1-800-947-8387 or dva.wi.gov for assistance in obtaining your WDVA Voucher Code and/or documents related to your training.)

If you qualify, are you a service member, former service member, or spouse requesting a reciprocal credential? Yes No
 If Yes, do not complete this form. You must complete and return the Reciprocal Credential Application for Service Members, Former Service Members, and Their Spouses (**Form #3982**).

CONTINUING EDUCATION AND RENEWAL REQUIREMENTS: Please view the Department website at <http://dsps.wi.gov> and select the "Professions," then "Hearing Instrument Specialist."

PRACTICE: Account for all activities and practice starting from the date of graduation to the present time. All time and dates must be accounted for. (Attach additional sheets, if necessary.)

Employer Name	Location of Employment (City/State)	Dates Employed (Month/Year)	The Capacity in Which You Are/Were Employed (Job Title and Duties)
	(City) <input style="width: 100%;" type="text"/> (State) <input style="width: 50%;" type="text"/>	(From) <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> (To) <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/>	
	(City) <input style="width: 100%;" type="text"/> (State) <input style="width: 50%;" type="text"/>	(From) <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> (To) <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/>	
	(City) <input style="width: 100%;" type="text"/> (State) <input style="width: 50%;" type="text"/>	(From) <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> (To) <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/>	

Wisconsin Department of Safety and Professional Services

TEMPORARY PERMITS: Permits are granted for one (1) year.

This permit allows you to gain experience prior to taking the practical examination, which is given on a quarterly basis. You must have taken and passed the practical examination prior to the expiration of your temporary permit.

Date you prefer to be scheduled for the practical exam: / /

I AM OR HAVE BEEN LICENSED IN THE FOLLOWING STATE(S). (Include all active and inactive states.)

For each credential listed above, you are required to have each State Board or territory of the United States submit a letter of verification to the Wisconsin Hearing and Speech Examining Board. The verification letter(s) must state your date of birth, credential number, date of issuance, and a statement regarding disciplinary actions.

REGARDING THE STATES YOU LISTED ABOVE: Identify the states in which you were licensed by EXAM.

ANSWER THE FOLLOWING QUESTIONS. (Attach additional sheets if necessary.)

1.	Have you ever surrendered, resigned, canceled, or been denied a professional license or other credential in Wisconsin, or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Have you ever failed to pass any state board examination, national board examination? If yes, provide details below: <input style="width: 100%;" type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to any warning, reprimand, suspension, probation, limitation, or revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Have you ever been convicted of a misdemeanor or a felony, or do you have any felony or misdemeanor charges pending against you? If yes, submit Convictions and Pending Charges Form (#2252).	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Are you incarcerated, on probation, or on parole for any conviction? If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Have any suits or claims ever been filed against you as a result of professional services? If yes, submit a copy of the claim or suit and a copy of the final settlement or disposition and complete Malpractice Suits or Claims Form (#2829).	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Are you registered or licensed in any other profession(s)? If yes, state what profession(s) and in what state(s): <input style="width: 100%;" type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Have you ever been credentialed under any other name(s)? If yes, state name(s) credentialed under: <input style="width: 100%;" type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

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CERTIFICATION OF LEGAL STATUS:

I declare under penalty of law that I am (check one):

- A citizen or national of the United States, or
- A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.

CONTINUING DUTY OF DISCLOSURE

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect, or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

AFFIDAVIT OF APPLICANT

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I have provided to the Department of Safety and Professional Services change.

Signature: Date: / /

(Print and Sign Form)