



**Board for Hearing Aid Specialists
 HEARING AID SPECIALIST RE-EXAMINATION APPLICATION**

A check or money order payable to the **TREASURER OF VIRGINIA**, or a completed credit card insert available at <http://www.dpor.virginia.gov/dporweb/forms/fin/creditcard.pdf> must be mailed with your application package.

APPLICATION FEES ARE NOT REFUNDABLE.

Select the examination section(s) you are requesting.

Examination	Sections Included	Trans	Fee	X
Written Examination – Part I	Section I – Theory Licensing Exam Section II – Virginia Rules, Regulations & Statutes	1011	\$95.00	<input type="checkbox"/>
Practical Examination – Part II	Section I – Audiograms Section II – Speech Testing Section III – Earmold Impressions Section IV – Hearing Modification & Repairs	1011	\$95.00	<input type="checkbox"/>
Written & Practical Examinations (Part I & Part II)	All Sections Listed Above	1011	\$110.00	<input type="checkbox"/>

1. Name _____ n/a
 Last First Middle Generation

2. Social Security Number or Virginia DMV Control Number * - -
 * State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

3. Date of Birth _____

4. Maiden Name or Former Surname(s) _____

5. Street Address (PO Box not accepted) _____

PHYSICAL ADDRESS REQUIRED

City State Zip Code

6. Mailing Address (PO Box accepted) _____

City State Zip Code

7. E-mail Address _____

8. Contact Numbers _____
 Primary Telephone Alternate Telephone Facsimile

9. Requested Examination Date _____

10. Date of Your Last Examination _____

11. Signature _____ Date _____

FOR OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	APPLICATION #	FILE# / LICENSE #	ISSUE DATE
			1011			2101	