

**STATE OF UTAH  
DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING**

**APPLICATION FOR LICENSURE**

**HEARING INSTRUMENT SPECIALIST  
or HEARING INSTRUMENT INTERN**

**APPLICATION INSTRUCTIONS AND INFORMATION**

**General Statement:** The Utah Division of Occupational and Professional Licensing (DOPL) desires to provide courteous and timely service to all applicants for licensure. To facilitate the application process, **submit a complete application form including all applicable supporting documents and fees.** Failure to submit a complete application and supply all necessary information will delay processing and may result in denial of licensure. The fees are for processing your application and will not be refunded. **Please read all instructions carefully.**

**Address of Record:** The address you provide on this application will be your address of record. All correspondence from DOPL will be sent to that address. You are responsible to directly notify DOPL of any change to your address of record.

**Social Security Number:** Your social security number is classified as a private record under the Utah Government Records Access and Management Act. It is used by DOPL as an individual identifier. It is also used for child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements 42 U.S.C. 666(a) (13). If an SSN is not provided, the application is incomplete and may be denied.

**SUPPORTING DOCUMENTS AND FEES:**

**If you are applying for licensure as a Hearing Instrument Specialist upon completion of an internship, complete the following in addition to submitting a completed application:**

1. Submit a copy of your certificate documenting that you are currently board certified by the National Board for Certification in Hearing Instrument Sciences.
2. Submit documentation showing that you have passed the Utah Hearing Instrument Practical Examination, unless you previously submitted this to DOPL.
3. Submit documentation showing that you have passed the National Institute for Hearing Instrument Studies Education and Examination Program, unless you previously submitted this to DOPL.
4. Submit documentation showing that you have passed the International Licensing Exam.

5. Complete and submit the attached Utah Hearing Instrument Law Examination along with the completed application
6. If applicable, use the “Request for Verification of License” form (*attached to this application*) to obtain verification of licensure from a state in which you are currently licensed as a Hearing Instrument Specialist.

Request that the verifying state complete the form and mail or fax it directly to DOPL or return it to you for submission with your application.

7. Submit a notarized “Completion of Internship” form (*attached to this application*) documenting that you have completed the 4,000-hour internship under the supervision of a licensed Hearing Instrument Specialist
8. Submit a **\$150.00** non-refundable application-processing fee, made payable to “DOPL.”

**Note:** If you are using this application to reinstate your Utah hearing instrument license which has been expired for more than two years, you must also submit an additional \$50 reinstatement fee in addition to completing all other requirements outlined in this application. (*The total fee for reinstating a license expired more than two years is \$200.*)

**If applying for licensure as a Hearing Instrument Specialist by endorsement (licensed in another state), complete the following in addition to submitting a completed application:**

1. Using the “Request for Verification of License” form (*attached to this application*), obtain verification of licensure from a state in which you are currently licensed as a hearing instrument specialist.

Request that the verifying state complete the form and mail or fax it directly to DOPL or return it to you for submission with your application.

2. Submit a copy of your certificate documenting that you are currently board certified by the National Board for Certification in Hearing Instrument Sciences.
3. Submit documentation that you have been licensed in good standing and practicing full-time for 2 years as a licensed hearing instrument specialist in another state.
4. Submit a **\$150.00** non-refundable application-processing fee, made payable to “DOPL.”

**Note:** If you are using this application to reinstate your Utah hearing instrument license which has been expired for more than two years, you must also submit an additional \$50 reinstatement fee in addition to completing all other requirements outlined in this application. (*The total fee for reinstating a license expired more than two years is \$200.*)

**If you are applying for licensure as a Hearing Instrument Intern, complete the following in addition to submitting a completed application:**

1. Using the “Request for Verification of License” form (*attached to this application*), obtain verification of licensure from every state in which you have ever been licensed as a hearing instrument intern or specialist.

Request that the verifying state complete the form and mail or fax it directly to DOPL or return it to you for submission with your application.

2. Submit an “Internship Supervision Request” form (*attached to this application*).
3. Submit the attached Utah Hearing Instrument Law Examination along with the completed application.
4. Submit a **\$35.00** non-refundable application-processing fee, made payable to “DOPL.”

**ADDITIONAL IMPORTANT INFORMATION:**

1. **Law and Rules Exam:** All applicants for licensure must pass the Utah Law and Rules Examination for Hearing Instrument Specialists. The Utah Hearing Instrument Law Examination can be found at the end of this application.

The following applicable laws and rules are available on the Internet at [www.dopl.utah.gov](http://www.dopl.utah.gov):

- Division of Occupational & Professional Licensing Act
  - General Rules of the Division of Occupational & Professional Licensing
  - Hearing Instrument Specialist Licensing Act
  - Hearing Instrument Specialist Licensing Act Rules
2. **Current Documents:** Applications, statutes, rules, and forms are occasionally changed. Go to [www.dopl.utah.gov](http://www.dopl.utah.gov) to ensure you have the most recent version of these documents.
  3. **National Certification Examination:** The National Board for Certification in Hearing Instrument Sciences examination must be scheduled by appointment. Candidates for the certification examination must have been either a licensed hearing instrument intern within the state or a licensed hearing instrument specialist for at least 2 years to be eligible to sit for the certification examination. For registration and fee information apply directly to PSI Examination Services at [www.psiexams.com](http://www.psiexams.com) or 1-800-733-9267.
  4. **Examination Fees:** There are separate fees for all examinations. It is the responsibility of the applicant to submit the fees directly to the testing agency.

5. **Completion of Hearing Instrument Intern Supervision:** In accordance with Title 58-46a-302.5, a hearing instrument intern must complete 4,000 hours of supervised practice. The 4,000 hours must be under the direct supervision of a licensed hearing instrument specialist until the intern 1) passes the Utah Hearing Instrument Practical Examination and 2) completes the National Institute for Hearing Instrument Studies Education and Examination Program.

**Note:** In accordance with R156-46a-302c prior to qualifying for the Utah Practical Examination for Hearing Instrument Interns, you must have completed 500 hours of the 4,000 hour hearing instrument internship, and have completed the National Institute for Hearing instrument studies education and examination program.

Upon completion of these two requirements, the “Completion of Direct Supervision” form (*attached to this application*) must be completed and submitted to DOPL along with documentation verifying completion of these two requirements. Once submitted, the intern may then complete the balance of the 4,000 hours under indirect supervision.

6. **License Renewal:** All hearing instrument specialist licenses expire September 30 of every even-numbered year.

Unlike many other states, Utah’s license renewal schedule **is not** based on the licensee’s date of initial licensure. Under Utah’s renewal system, all licenses in each profession expire as a group on the same day every two years. Therefore, the length of a licensee’s first renewal cycle depends on how far into the current renewal cycle initial licensure was obtained. Each renewal cycle thereafter is for a full two years.

Additionally, the fee paid with this application for licensure is an application-processing fee only. It does not include a renewal fee. Each licensee is responsible to renew licensure **PRIOR** to the expiration date shown on the current license. Approximately two months prior to the expiration date shown on the license, renewal information is disseminated to each licensee’s last address of record, as provided to DOPL.

7. **Updating Address Information:** It is your responsibility to maintain a current address with DOPL. If your address is incorrect, you will not receive renewal notices or other correspondence. Address changes can be made online at [www.dopl.utah.gov](http://www.dopl.utah.gov).
8. **Name Change:** If you have been licensed by DOPL under any other name, please submit documentation of your name change (*i.e. copy of a marriage license or divorce decree*).
9. **Ceremonial Certificate of Licensure:** After obtaining your license from DOPL, you can order a Ceremonial Certificate of Licensure, printed on parchment paper with original signatures and an embossed gold seal. Order forms can be obtained at [www.dopl.utah.gov](http://www.dopl.utah.gov).
10. **Acceptable Forms of Payment:** Licensure fees can be paid by check or money order, made payable to “DOPL.” Cash and debit/credit cards (*American Express, MasterCard, and Visa*) are also accepted in person at DOPL’s main office – but not over the telephone.

11. **Mail Complete Application to:**

**By U.S. Mail**

Division of Occupational & Professional Licensing  
P.O. Box 146741  
Salt Lake City, Utah 84114-6741

**By Delivery or Express Mail**

Division of Occupational & Professional Licensing  
160 East 300 South, 1st Floor Lobby  
Salt Lake City, Utah 84111

12. **Telephone Numbers:** (801) 530-6628  
(866) 275-3675 – Toll-free in Utah

13. **Fax Number:** (801) 530-6511

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# APPLICATION FOR LICENSURE

## GENERAL INFORMATION

License Applying For:  HEARING INSTRUMENT SPECIALIST  
 HEARING INSTRUMENT INTERN

Last Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

**I certify under penalty of perjury that I am a United States citizen or a qualified alien who is lawfully able to work in the United States.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Have You Ever Held A Utah License Before?  Yes  No

If Yes, Name of Profession: \_\_\_\_\_ License Number: \_\_\_\_\_

## MAILING ADDRESS:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

## ***DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY***

License/Certificate Number: \_\_\_\_\_

Date License/Certificate Approved: \_\_\_\_/\_\_\_\_/\_\_\_\_

Approved By: \_\_\_\_\_

Date License/Certificate Denied: \_\_\_\_/\_\_\_\_/\_\_\_\_

Denied By: \_\_\_\_\_

Reason for Denial/Other Comments: \_\_\_\_\_

**INTERNSHIP:**

Answer “yes” or “no.”

\_\_\_\_\_ I have completed the 4,000-hour internship under the supervision of a licensed Hearing Instrument Specialist in the state of Utah.

\_\_\_\_\_ I have been licensed in good standing and have practiced full-time for at least two (2) years as a hearing instrument specialist in another state.

**LICENSES:**

List all licenses, registrations, or certifications issued by any state that you now hold or have ever held in a regulated profession. Use additional sheets if necessary.

Issuing State: \_\_\_\_\_ Profession: \_\_\_\_\_

License Status: \_\_\_\_\_ License Number: \_\_\_\_\_ Effective Date: \_\_\_/\_\_\_/\_\_\_

Issuing State: \_\_\_\_\_ Profession: \_\_\_\_\_

License Status: \_\_\_\_\_ License Number: \_\_\_\_\_ Effective Date: \_\_\_/\_\_\_/\_\_\_

Issuing State: \_\_\_\_\_ Profession: \_\_\_\_\_

License Status: \_\_\_\_\_ License Number: \_\_\_\_\_ Effective Date: \_\_\_/\_\_\_/\_\_\_

**AFFIDAVIT FOR UTAH LAWS AND RULES**

I understand that it is my responsibility to read and understand all statutes and rules pertaining to my practice as a hearing instrument specialist or intern in the state of Utah and I agree to comply with such.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

# HEARING INSTRUMENT SPECIALIST AND INTERN QUALIFYING QUESTIONNAIRE

Answer “yes” or “no” for each question. Do not leave any question blank.

1. \_\_\_\_\_ Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
2. \_\_\_\_\_ Have you ever been denied the right to sit for a licensure examination?
3. \_\_\_\_\_ Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?
4. \_\_\_\_\_ Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any professional licensing agency or criminal or administrative jurisdiction?
5. \_\_\_\_\_ Are you currently under investigation or is any disciplinary action pending against you now by any licensing agency or governmental agency?
6. \_\_\_\_\_ Is any action pending against you now by either the Federal Drug Enforcement Administration or any state drug enforcement agency?
7. \_\_\_\_\_ If you are licensed in the occupation/profession for which you are applying, would you pose a direct threat to yourself, to your clients, or to the public health, safety, or welfare because of any circumstance or condition?
8. \_\_\_\_\_ Have you ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?
9. \_\_\_\_\_ Have you ever had a documented case in which you were involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
10. \_\_\_\_\_ Have you been terminated from a position because of drug use or abuse within the past five (5) years?
11. \_\_\_\_\_ Are you currently using or have you recently (*within 90 days*) used any drugs (*including recreational drugs*) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?

(Continued on the next page.)

12. \_\_\_\_\_ Have you ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which you have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?
13. \_\_\_\_\_ Do you currently have any criminal action pending?
14. \_\_\_\_\_ Have you pled guilty to, no contest to, or been convicted of a misdemeanor in any jurisdiction within the past ten (10) years? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
15. \_\_\_\_\_ Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?
16. \_\_\_\_\_ Have you, in the past ten (10) years, been allowed to plea guilty or no contest to any criminal charge that was later dismissed (*i.e. plea in abeyance or deferred sentence*)?
17. \_\_\_\_\_ Have you ever been incarcerated for any reason in any federal, state or county correctional facility or in any correctional facility in any other jurisdiction or on probation/parole in any jurisdiction?



**If you answered “yes” to questions 13, 14, 15, 16, or 17 above, you must submit a complete narrative of the circumstances that occurred for EACH and EVERY conviction, plea in abeyance, and/or deferred sentence. You must also attach copies of all applicable police report(s), court record(s), and probation/parole officer report(s).**

**If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.**

**If you have formally expunged a criminal record as evidenced by a court order signed by a judge, you do not need to disclose that criminal history. Expungement orders must be sent to the Bureau of Criminal Identification and the FBI to enable the expungement to be completed and the criminal history eliminated from the records.**



**If you answered “yes” to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.**

**A “yes” answer does not necessarily mean you will not be granted a license; however, DOPL may request additional documentation if the information submitted is insufficient.**

# AFFIDAVIT and RELEASE AUTHORIZATION

I am the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.

I am qualified in all respects for the license, certificate, or registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the Division of Occupational and Professional Licensing in conjunction with this application or its supporting documents meet the same standard as set forth above.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division of Occupational and Professional Licensing or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize all persons, institutions, organization, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division of Occupational and Professional Licensing to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

Signature of Applicant: \_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_

Date of Signature: \_\_\_\_/\_\_\_\_/\_\_\_\_

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Division of Occupational and Professional Licensing  
160 East 300 South, P.O. Box 146741  
Salt Lake City, Utah 84114-6741  
Fax: (801) 530-6511

## REQUEST FOR VERIFICATION OF LICENSE

*(Use this form to verify licensure from another state, if applicable.)*

### TO BE COMPLETED BY THE APPLICANT:

Complete the first section of the form. Request that the verifying state complete the form and mail it directly to DOPL or return it to you for submission with your application.

Applicant's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I am requesting licensure in the state of Utah as a: \_\_\_\_\_

I am/have been licensed in your state under the name: \_\_\_\_\_

My Social Security Number is: \_\_\_\_\_

My Date of Birth is: \_\_\_\_/\_\_\_\_/\_\_\_\_

My license number in your state is/was: \_\_\_\_\_

I have enclosed the necessary license verification fee in the amount of: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date of Signature: \_\_\_\_/\_\_\_\_/\_\_\_\_

*(Continued on the next page.)*

**TO BE COMPLETED BY THE VERIFYING AGENCY:**

Please furnish the information requested, sign and verify the document, and place the completed form in an envelope, seal the envelope and provide it to the applicant in person or by mail. The applicant will include the verification of licensure with his/her Utah application. Thank you.

Name of Verifying State: \_\_\_\_\_

Name of Licensee (*as it appears in verifying state's records*): \_\_\_\_\_

Name of Qualifying Person: \_\_\_\_\_

Classification of License Issued: \_\_\_\_\_

License Number: \_\_\_\_\_ Current Status: \_\_\_\_\_

Original Date of Licensure: \_\_\_\_/\_\_\_\_/\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Continuously Licensed:

Yes  No, please explain: \_\_\_\_\_

Licensed By:

Exam, Type: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Endorsement, From What State \_\_\_\_\_

Examination Scores: \_\_\_\_\_

Education Required For Licensure: \_\_\_\_\_

Disciplinary Action or Pending Disciplinary Action:

No  Yes, please provide certified copies of all Petitions, Orders, etc.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Date of Signature: \_\_\_\_/\_\_\_\_/\_\_\_\_

(SEAL)

Utah Division of Occupational and Professional Licensing  
160 East 300 South, P.O. Box 146741  
Salt Lake City, Utah 84114-6741  
FAX: (801) 530-6511

## COMPLETION OF INTERNSHIP

### TO BE COMPLETED BY HEARING INSTRUMENT INTERN:

Name of Intern: \_\_\_\_\_

Intern License Number: \_\_\_\_\_ Telephone: \_\_\_\_\_

### TO BE COMPLETED BY SUPERVISING HEARING INSTRUMENT SPECIALIST:

Name of Supervisor: \_\_\_\_\_

Supervisor's License Number: \_\_\_\_\_ Telephone: \_\_\_\_\_

1. Has the Intern completed the required 4,000 hours of internship under your supervision?

Yes

No, explain \_\_\_\_\_

2. When did the Intern start and complete his/her internship? From \_\_\_\_\_ To \_\_\_\_\_

3. Did the intern pass the Utah Hearing Instrument Practical Examination?

Yes Score \_\_\_\_\_

No, explain \_\_\_\_\_

4. Has the Intern engaged in unprofessional conduct or any act prohibited by the state of Utah?

No

Yes, explain \_\_\_\_\_

5. Has the Intern passed the International Licensing Examination?

Yes Score \_\_\_\_\_

No, explain \_\_\_\_\_

*(Continued on the next page.)*

6. Has the Intern demonstrated sufficient skills to practice without supervision?

Yes

No, explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Has the Intern demonstrated good moral character?

Yes

No, explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Would you recommend this Intern for Utah Hearing Instrument Specialist licensure?

Yes

No, explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Supervising Hearing Instrument Specialist: \_\_\_\_\_

Date of Signature: \_\_\_\_/\_\_\_\_/\_\_\_\_

Utah Division of Occupational and Professional Licensing  
160 East 300 South, P.O. Box 146741  
Salt Lake City, Utah 84114-6741  
FAX Number: (801) 530-6511

## INTERNSHIP SUPERVISION REQUEST

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name of Supervising Hearing Instrument Specialist: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address of Place of Business: \_\_\_\_\_

Hearing Instrument Specialist License Number: \_\_\_\_\_

I hereby certify that I am a licensed hearing instrument specialist in good standing in the state of Utah and have practiced full-time as a hearing instrument specialist for not less than two years. I meet the qualifications set forth in the Hearing Instrument Specialist Licensing Act to act as a supervising hearing instrument specialist, and I will supervise the internship practice of the above named applicant. I understand that I must be present in the same facility as the intern and available for immediate in-person consultation for the 4,000 hour internship or until the intern passes the National Institute for Hearing Instrument Studies education and examination program and passes the Utah Hearing Instrument Practical examination, after which the remainder of the internship may be completed under indirect supervision. I certify that the intern named above will be under my supervision while practicing as an intern and will be in compliance with all Utah laws and rules. I understand that I may not supervise more than two interns at the same time.

Signature of Supervising Hearing Instrument Specialist: \_\_\_\_\_

Date of Signature: \_\_\_\_/\_\_\_\_/\_\_\_\_

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Utah Division of Occupational and Professional Licensing  
160 East 300 South, P.O. Box 146741  
Salt Lake City, Utah 84114-6741  
FAX Number: (801) 530-6511

## COMPLETION OF DIRECT SUPERVISION

### TO BE COMPLETED BY HEARING INSTRUMENT INTERN:

Name of Intern: \_\_\_\_\_

Intern License Number: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

### TO BE COMPLETED BY SUPERVISING HEARING INSTRUMENT SPECIALIST:

**Return this form to DOPL upon completion of Direct Supervision by the Hearing Instrument Intern.**

Name of Supervisor: \_\_\_\_\_

Supervisor's License Number: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

1. Date the Intern started his/her internship: \_\_\_\_/\_\_\_\_/\_\_\_\_
2. Date the Intern started his/her internship Direct Supervision: \_\_\_\_/\_\_\_\_/\_\_\_\_
3. Date the Intern completed his/her internship Direct Supervision: \_\_\_\_/\_\_\_\_/\_\_\_\_
4. Did the Intern pass the Utah Hearing Instrument Practical Examination?  
 No  Yes, Score: \_\_\_\_\_ (Attach documentation of such to this form.)
5. Did the Intern pass the NIHIS Education and Examination Program?  
 No  Yes, Score: \_\_\_\_\_ (Attach documentation of such to this form.)
6. Has Intern engaged in any unprofessional conduct or any act prohibited by the state of Utah?  
 No  Yes, Please Explain: \_\_\_\_\_  
\_\_\_\_\_
7. Has Intern demonstrated sufficient skills to practice without direct supervision?  
 No  Yes, Please Explain: \_\_\_\_\_  
\_\_\_\_\_

Signature of Supervising Hearing Instrument Specialist: \_\_\_\_\_

Date of Signature: \_\_\_\_/\_\_\_\_/\_\_\_\_

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# UTAH HEARING INSTRUMENT LAW EXAMINATION

Answer “true” or “false” for each statement. Do not leave any statement blank.

*The references have been provided to assist you in selecting your response.*

True	False	Question
<input type="radio"/>	<input type="radio"/>	1. Practice of a hearing instrument specialist means evaluating the hearing loss overcome by the installation of the hearing instrument? 58-46a-102
<input type="radio"/>	<input type="radio"/>	2. A hearing instrument specialist shall refer all patients under the age of 18 to a physician? 58-46a-502(5)
<input type="radio"/>	<input type="radio"/>	3. A hearing instrument intern, under the direction of a hearing instrument specialist, may test the hearing of a patient for purposes other than to determine whether a hearing loss will be improved by the use of a hearing instrument? 58-46a-501(1)
<input type="radio"/>	<input type="radio"/>	4. It is unprofessional conduct for a hearing instrument specialist to fail to disclose in writing to the patient the charge for all services and hearing instruments prescribed and sold to a patient prior to providing the services or hearing instrument? 58-46a-501(7)
<input type="radio"/>	<input type="radio"/>	5. A hearing instrument licensee may pay a physician a consideration for any kind of referral of a patient? 58-46a-501(9)
<input type="radio"/>	<input type="radio"/>	6. A hearing instrument intern under direct supervision is permitted to work when the hearing instrument specialist supervisor is available for immediate voice communication? 58-46a-102(2)
<input type="radio"/>	<input type="radio"/>	7. It is unprofessional conduct for a hearing instrument specialist to fail to describe the circuitry in any advertisement, presentation, purchase, or trial agreement as being either "digital" or "analog" 58-46a-501(12)
<input type="radio"/>	<input type="radio"/>	8. A hearing instrument intern is required to complete a 4,000 hour internship under the supervision of a licensed hearing instrument specialist? 58-46a-302.5
<input type="radio"/>	<input type="radio"/>	9. Advertising shall tell the truth and shall reveal significant facts, the concealment of which would mislead the public, and shall not dispense any product, or part hereof, representing that it is new, unused or rebuilt, when such is not the fact? Code of Ethics for Hearing Instrument Specialists - Standard III
<input type="radio"/>	<input type="radio"/>	10. It shall be unethical for the Hearing Instrument Specialist to willfully and knowingly violate any law or rule or regulation applicable to the dispensing of hearing instruments. Code of Ethics for Hearing Instrument Specialists - Standard IV
<input type="radio"/>	<input type="radio"/>	11. A Hearing Instrument Specialist shall identify of all services and products provided to the patient by the hearing instrument specialist and the charges for each service or product? 58-46a-502(3)
<input type="radio"/>	<input type="radio"/>	12. Upon exercising the 30-day right to cancel a hearing aid purchase, the seller of the hearing aid is entitled to a cancellation fee not to exceed 10%? 58-46a-503(2)
<input type="radio"/>	<input type="radio"/>	13. A hearing Instrument Specialist shall provide a written receipt or contract which shall provide the consumer with a 30-day right to cancel the purchase if the consumer finds that the hearing aid does not function adequately for the consumer? 58-46a-503(1)
<input type="radio"/>	<input type="radio"/>	14. A hearing instrument specialist does not need to make a referral to a qualified health care provider if he detects a medical condition? 58-46a-501(2)
<input type="radio"/>	<input type="radio"/>	15. A hearing instrument intern can immediately begin indirect supervision if he passes the practical examination? 58-46a-302.5

<input type="radio"/>	<input type="radio"/>	16. A hearing instrument specialist may provide services or products to a patient only after the patient has been professionally informed with respect to the services, products, and expected results? 58-46a-502
<input type="radio"/>	<input type="radio"/>	17. A hearing instrument specialist must obtain the patient's informed consent and agreement to purchase the hearing instrument based on that informed consent either by the hearing instrument specialist or the hearing instrument intern, before designating an appropriate hearing instrument? 58-46a-502(4)
<input type="radio"/>	<input type="radio"/>	18. A hearing instrument intern must pass the International Licensing Examination before he/she can begin to work under indirect supervision? 58-46a-302.5
<input type="radio"/>	<input type="radio"/>	19. Making false, misleading, deceptive, fraudulent, or exaggerated claims with respect to practice as a hearing instrument specialist and specifically with respect to the benefits of a hearing instrument or the degree to which a hearing instrument will benefit a patient is unlawful conduct? 58-46a-501(4)
<input type="radio"/>	<input type="radio"/>	20. It is Unprofessional Conduct for failing to follow the guidelines or policies of the United States Federal Trade Commission in any advertisement? 58-46a-501(14)