



Hearing Instrument Intern

APPLICANT INFORMATION

Full Legal Name: _____
First Middle Last

All Previous Legal Names: _____

Other DOPL Licenses Held: _____

SSN:* _____ Date of Birth: _____ Gender: Male Female
* If you don't have a social security number, please follow the instructions on the last page.

Address: _____
Street Address (including Apt/Unit/Ste #) and/or PO Box

City: _____ State: _____ Zip: _____

Phone: (_____) _____ - _____ Email: _____
Note: All Division notices and communication will be sent to this email.

Please select one:

- I am a United States citizen or a non-citizen of the United States who is lawfully present.
- I am a foreign national not physically present in the United States.
- None of the above, please explain: _____

Driver License or State ID Card: _____
State of Issue License Number Expiration Date

NOTE: If you do not hold a US Driver License or a US State ID, you must present a legible copy of your current and valid government issued document(s) showing evidence of lawful presence in the United States.

AFFIDAVIT AND RELEASE

I certify that to the best of my knowledge, the information contained in the application and all supporting document(s) are true and correct, and discloses all material facts regarding the applicant, and that I will update or correct the application as necessary, prior to any action on my application.

I authorize all persons, organizations, governmental agencies, or any others not specifically listed, which are set forth directly or by reference in this application, to release to the Department of Commerce, State of Utah, any files, records, or information of any type reasonably required for the Department to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

I understand that it is the continuing responsibility of applicants and licensees to read, understand, and apply the requirements contained in all statutes and rules pertaining to the occupation or profession for which I am applying, and that failure to do so may result in civil, administrative, or criminal sanctions.

I understand that I am responsible to update the Department of any changes relating to my application/license/certification/registration.

I understand that if the application is not complete at the time of submission, it will delay approval and could result in a denial.

I declare under criminal penalty under the law of Utah that this application is true and correct.

Signature of Applicant: _____ Date: _____



UTAH DEPARTMENT
OF COMMERCE

Division of Professional Licensing

PRIVACY NOTICE

The information you provide on this form will be used to determine your eligibility for a license, registration, or certification in Utah. Failure to provide complete information as requested will result in the denial of your request as incomplete.

Information provided in this form is retained in accordance with state record retention laws. For specific information about the records retention for this form, please visit <https://dopl.utah.gov/records>

To comply with legal and regulatory requirements, we may share limited information about your license, registration, or certification with authorized parties. This may include government agencies, national databases, and contracted vendors. Shared information may include issue date, status, expiration date, disciplinary actions, and your name or other direct identifiers.

We may also share aggregated and de-identified data (e.g., education levels, exam pass rates, length of licensure, etc.) with relevant stakeholders for data analysis and reporting purposes.

ACKNOWLEDGEMENT:

Your signature acknowledges receipt of this information.

Authorized Signature: _____ Date: _____



QUALIFYING QUESTIONNAIRE

Do not leave any question blank.

DOPL may request additional documentation if the information submitted is insufficient.

- 1. Have you EVER had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, resigned, or surrendered while under investigation, or otherwise disciplined in any way?
2. Do you CURRENTLY have any criminal action active or pending?
3. WITHIN THE PAST 10 YEARS, have you pled guilty to, no contest to, entered into a plea in abeyance, or been convicted of a misdemeanor in any jurisdiction?
4. Have you EVER pled guilty to, no contest to, entered into a plea in abeyance, or been convicted of a felony in any jurisdiction?

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. If you answered "Yes" to questions 2, 3, or 4 you must submit the following for EACH and EVERY incident:

- personal account of the incident
police report(s)
court record(s)
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.

Please DISCLOSE the following:

- charges that were later held in abeyance (plea in abeyance), diverted, reduced, or dismissed.
motor vehicle offenses such as driving while impaired or intoxicated.
if you are restricted from possession, purchase, transfer, or ownership of a firearm or ammunition (even if your restriction is based on a non-reportable juvenile conviction).

You do NOT need to disclose:

- minor traffic offenses such as parking or speeding violations.
juvenile offenses, unless you were tried as an adult.
legally expunged or sealed criminal history incidents.

For more information, see DOPL's criminal history FAQs.

PROFESSIONAL LICENSES

List all other licenses, registrations, or certifications issued by any jurisdictions, which you now hold or have ever held, in any profession. (Use additional sheets if necessary.)

Profession: License Number: Issuing State: License Status: Issue Date:
Profession: License Number: Issuing State: License Status: Issue Date:

EXAMINATION

Applicants for the Hearing Instrument Intern license must pass the Utah Law and Rules Examination for Hearing Instrument Specialists. If you have not passed the exam, do not submit your application.

For information regarding examination registration, please see our website at:

dopl.utah.gov/hearing-instrument/exam-information/

Date of Passing Exam:



Intern Supervision

APPLICANT INFORMATION *(To be completed by the applicant)*

Name: _____
First Middle Last
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Phone: (_____) _____ - _____ Email: _____

I hereby certify that I will practice as an intern only under direct supervision *after* the issuance of a Hearing Instrument Intern license.

I further certify that I will comply with all the laws and rules governing the practice of Hearing Instrument Interns and that I will comply with the supervision requirements of [Utah Code § 58-46a-302.5](#).

I understand that a hearing instrument intern license is issued for a period of three years and may only be renewed once for good cause.

Signature of Applicant: _____ Date: _____

SUPERVISOR INFORMATION *(To be completed by the Supervisor)*

Supervisor: _____ License Number: _____
First Last
 Establishment Name: _____
 Establishment Address: _____
 City: _____ State: _____ Zip: _____
 Phone: (_____) _____ - _____ Email: _____

I certify that the above-named applicant will practice as an intern under my supervision *after* the issuance of a Hearing Instrument Intern license. I will provide direct supervision until the intern satisfies the requirements of [Utah Code § 58-46a-302.5](#), and indirect supervision for the duration of the internship. I will notify DOPL within 10 working days if an internship is terminated.

I certify I am a licensed Hearing Instrument Specialist in good standing in the State of Utah. I have read the current [Hearing Instrument Specialist Licensing Act](#) and [Hearing Instrument Specialist Licensing Act Rule](#) and I will comply with the requirements for supervising an intern.

Signature of Supervisor: _____ Date: _____



APPLICATION CHECKLIST AND INSTRUCTIONS

This checklist is for your convenience, you do not need to include it with your application.

Note: Incomplete applications will be denied.

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

If you do not have a valid Social Security number, you must submit your Individual Taxpayer Identification Number (ITIN), Alien Registration Number (A-number), or a copy of an unexpired government issued passport from your country of residence and an intent-to-hire letter from a Utah based employer ([Utah Code § R156-1-301](#)). Submission of the above documents may require additional documents to demonstrate lawful presence ([Utah Code § 63G-12-402 \(3\)\(k\)](#)).

ALL APPLICANTS

All applicants are required to submit following items to complete the application:

- \$35.00** non-refundable application processing fee, made payable to "DOPL".
- Supporting documentation for any "yes" answers provided on the "Qualifying Questionnaire" (page 2)
- Passing score on the *Utah Hearing Instrument Specialists Law and Rules Examination*. To register for the examination or for more information about exam requirements, please visit our website at: dopl.utah.gov/hearing-instrument/exam-information/

Submit completed application to the Division:

By US Postal Service:

**Division of Professional Licensing
PO BOX 146741
Salt Lake City, UT 84114-6741**

By in-person or express delivery:

**Division of Professional Licensing
Heber M Wells Building, 1st Floor
160 E 300 S
Salt Lake City, UT 84111**

If you have questions, please contact the Division at 801-530-6628 or by email at b9@Utah.gov.