



**RENEWAL/REINSTATEMENT FORM**

LICENSE NUMBER	OCCUPATION/PROFESSION TITLE	RENEWAL FEE	EXPIRATION DATE	REINSTATEMENTS
Please fill in:	Hearing Instrument Specialist	\$103 <sup>00</sup>	September 30 <sup>th</sup> of even years.	Additional fees are required after expiration. See reverse for details.
↓ NAME AND ADDRESS OF RECORD ↓		↓ ADDRESS/PHONE CORRECTION ↓		

Name: \_\_\_\_\_

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

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

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Country: \_\_\_\_\_

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

**Is this a new address?**     Yes     No

This information will be used for all correspondence from DOPL. You may use a business address or PO Box instead of a home address. If your mailing or email address changes, notify DOPL directly. For mail, do not rely on a postal service forwarding order. Submit changes to [doplweb@utah.gov](mailto:doplweb@utah.gov)

**QUALIFYING QUESTIONNAIRE** Answer "YES" or "NO" for each question. Do not leave any question blank.

Please note that false, misleading, or fraudulent answers may result in loss of licensure and/or criminal prosecution and are subject to random audit. (For questions 1 - 4 below, motor vehicle offenses such as driving while impaired or intoxicated must be disclosed, but minor traffic offenses such as parking or speeding violations do not need to be listed.)

<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Since the last renewal or issuance of this license have you pled guilty to, pled no contest to, been convicted of, made a plea in abeyance to, or entered into a deferred sentence with respect to any felony or misdemeanor in any jurisdiction?
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Since the last renewal or issuance of this license have you been charged with or arrested for any felony or misdemeanor in any jurisdiction?
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Since the last renewal or issuance of this license have you surrendered or had any disciplinary action taken against a license to practice in a regulated profession?
<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Are you currently under investigation or is any disciplinary, administrative, or criminal action pending against you now by any agency?

IF YOU ANSWERED "YES" TO QUESTION 1, 2, 3 OR 4 ABOVE, SEE #1A ON PAGE TWO FOR INSTRUCTIONS ON ADDITIONAL REQUIREMENTS.

**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's License or State ID card: \_\_\_\_\_
- State of issue                      ID/License Number                      Expiration date

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

**AFFIDAVIT/SIGNATURE** Read the following carefully. Sign below or follow the instructions as indicated.

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. I also certify that I have completed or will complete all renewal requirements, if applicable, before the expiration or reinstatement of my license. I understand that I may be subject to an audit by DOPL of having met these requirements. I further certify that I am the licensee described and identified in this application for license renewal/reinstatement. I am qualified in all respects for the renewal or reinstatement of this license. To the best of my knowledge, the information contained in this application is complete and correct, and is free of fraud, misrepresentation, or omission of material fact.

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.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (If unable to sign, see #B on page 2 for instructions.)

**RENEWAL REQUIREMENTS** Specific to your license:

As a qualification for licensure, Hearing Instrument Specialists must continually maintain certification with NBC-HIS as required under [Utah Code § 58-46a-303\(1\)\(b\)\(i\)](#). Additionally, in accordance with [Utah Admin. Code R156-46a-502c](#), Hearing Instrument Specialists must maintain documentation verifying the calibration of all technical instruments used in your practice. DO NOT submit additional documentation with your renewal, unless you are audited and requested to do so.

**Unlawful Conduct:** Your license will automatically expire unless you renew it prior to its expiration date. If your license expires you may not practice until a new license is issued.

[Utah Code § 58-1-501\(1\)\(a\)](#) and [Utah Code § 58-1-502](#), make it unlawful and punishable as a criminal offense to practice your occupation or profession beyond the expiration of your license.

