TRAINEE LICENSE APPLICATION CHECKLIST

This checklist is a tool to ensure you have enclosed all required items for a trainee license.

- Fees – This includes fees for additional and duplicate licenses. Additional licenses are for locations where you work more than eight hours a week. Duplicate or additional licenses are $20 each.

- Child support section – You **must** circle either “am” or “am not.”

- Supervisor’s malpractice insurance - Current certificate of insurance must include an expiration date and coverage amount.

- Transcripts or proof of degree - Must include the original stamp or seal of the college. If applicable, you must have transcripts regarding distance learning forwarded to this office.

- Supervisor information and affirmation forms.

Failure to submit required items will delay processing of your application.

**Fees are non refundable.**
HEARING INSTRUMENT CONSUMER PROTECTION PROGRAM

DISPENSER LICENSE APPLICATION

Applicant’s Name ____________________________________________________

For ALL applications, Complete Part A. The child support section must be completed to have application processed (Part A, Page 3). Specific law references include (225 ILCS 50/ Hearing Instrument Consumer Protection Act) and (77 Ill. Adm. Code 682 Hearing Instrument Consumer Protection Code).

For INITIAL applications only, applicants must have passed both the written and practical examinations. Applications must be accompanied by the following materials: applicable fees, proof of liability insurance, and proof of educational requirements, (Sec. 50/8b and code, Sec. 682.200 a-d).

For RENEWAL applications only, complete Part A, send applicable fees, and proof of 20 continuing education hours. A minimum of 10 hours must be nonmanufacturer sponsored hours.

For TRAINEE applications only, complete Part A. Have Part B completed by supervisor. The following information will also need to be provided: applicable fees, proof of liability insurance, and proof of educational requirements (Sec. 50/8b and code, Sec. 682.200 a-d). Written and practical exams do not need to be completed prior to trainee licensure.

For RECIPROCITY applications only, complete Part A, and Part C of the application. The following information will also need to be provided with the application: applicable fees, proof of liability insurance, proof of current license in another jurisdiction and valid statement of licensing requirements, proof of educational requirements (Sec. 50/8b and code, Sec. 682.200 a-d), and state verification form (Part C, page 2).

TYPE OF LICENSE AND FEES

Select the license for which you are applying and pay the appropriate fee(s).

❑ INITIAL
  Application Fee $80
  License Fee (2 years) $200
  *Duplicate License (if applicable)

❑ RENEWAL
  License Fee (2 years) $200
  **Late Fee (if applicable) $200
  *Duplicate License (if applicable)

❑ TRAINEE
  License Fee (12 months) $100
  *Duplicate License (if applicable)

❑ RECIPROCITY
  Application Fee $80
  License Fee $200
  Reciprocity Fee $500
  *Duplicate License (if applicable)

*Each Additional/Duplicate License is $20 in addition to other application fees.
**Must be postmarked by the expiration date

TOTAL AMOUNT ENCLOSED $________________

Fees are nonrefundable. Make check or money order payable to: IDPH – Hearing Instrument Program.
Submit application, fees and supporting documents to:

Illinois Department of Public Health
Hearing Instrument Program
535 W. Jefferson St., Third Floor
Springfield, IL 62761

Telephone 217-524-2396 Fax 217-524-4201 E-mail dph.visionandhearing@illinois.gov

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HEARING INSTRUMENT CONSUMER PROTECTION PROGRAM
DISPENSER LICENSE APPLICATION

Part A
PLEASE PRINT

NAME _______________________________________________________________________________
(Last) (First) (MI)

HOME ADDRESS _______________________________________________________________________________
(Street or P.O. Box)
_______________________________________________________________________________
(City) (State) (ZIP Code)

DAYTIME PHONE ( _____ ) _____________________ FAX NUMBER ( _____ ) _____________________

E-MAIL ADDRESS _______________________________________________________________________________

COUNTY ________________________________________ DATE OF BIRTH __________________ SEX: ❑ M ❑ F

HIGHEST LEVEL OF EDUCATION COMPLETED

MALPRACTICE/LIABILITY INSURANCE EXPIRATION DATE ________________________________
*Applications must be accompanied by proof of liability insurance.

PRIMARY BUSINESS INFORMATION

BUSINESS NAME __________________________________________________________________________

BUSINESS ADDRESS _______________________________________________________________________

CITY _____________________________ STATE _______ ZIP _________________________

COUNTY ___________________________ PHONE ( _____ ) _________________________

FAX ( _____ ) _______________________

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Additional locations requiring license (more than eight hours per week):

________________________________________________________________________________________

BUSINESS NAME ___________________________________________ 
BUSINESS ADDRESS _________________________________________
CITY _____________________________________________________ STATE ________ ZIP _____________ 
COUNTY __________________________________________________ PHONE (_____ ) _________________
FAX (_____ ) ______________________________

________________________________________________________________________________________

BUSINESS NAME ___________________________________________ 
BUSINESS ADDRESS _________________________________________
CITY _____________________________________________________ STATE ________ ZIP _____________ 
COUNTY __________________________________________________ PHONE (_____ ) _________________
FAX (_____ ) ______________________________

________________________________________________________________________________________

BUSINESS NAME ___________________________________________ 
BUSINESS ADDRESS _________________________________________
CITY _____________________________________________________ STATE ________ ZIP _____________ 
COUNTY __________________________________________________ PHONE (_____ ) _________________
FAX (_____ ) ______________________________

________________________________________________________________________________________

BUSINESS NAME ___________________________________________ 
BUSINESS ADDRESS _________________________________________
CITY _____________________________________________________ STATE ________ ZIP _____________ 
COUNTY __________________________________________________ PHONE (_____ ) _________________
FAX (_____ ) ______________________________

________________________________________________________________________________________
ANSWER THE FOLLOWING QUESTIONS, READ THE COMPLIANCE STATEMENT, COMPLETE THE CHILD SUPPORT PORTION AND SIGN BELOW.

☐ No  ☐ Yes  Have you ever pleaded no contest or been convicted of a felony or misdemeanor under the laws of the United States or of any state or territory, ever been disciplined by a governmental agency or professional association, or subject to currently effective injunctive or restrictive order as a result of the aforementioned actions?

If Yes:  Attach a signed and detailed written explanation, specifically addressing the allegations, the name of the governmental agency bringing the charges, and the nature of any and all disciplinary actions (e.g., fine, probation, suspension, revocation) taken against you. Also attach a copy of final orders concerning such matters.

☐ No  ☐ Yes  Are you a U.S. citizen or legal alien? If legal alien, indicate registration number: ____________________________

☐ No  ☐ Yes  Are you free of infectious disease?

☐ No  ☐ Yes  Have you been licensed in another state? If yes, what state? ____________________________


CHILD SUPPORT SECTION

I hereby certify, under penalty of perjury, that I AM / AM NOT (circle one) more than 30 days delinquent in complying with a child support order.

You must certify one of the above choices. Failure to certify may result in the denial of your application. Making a false statement may subject you to contempt of court and disciplinary action. (5ILCS 100/10-65 [C])

Print Name__________________________________________________________________________ Dispenser #ID (if applicable)________________________

Signature__________________________________________________________________________ Date________________________
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SUPERVISOR’S INFORMATION

Part B
TRAINEE LICENSE SECTION ONLY

NAME _______________________________________________________________________________
( Last) (First) (MI)

HOME ADDRESS _______________________________________________________________________________
(Street or P.O. Box)

(City) (State) (ZIP Code)

BUSINESS NAME _______________________________________________________________________________

ADDRESS _______________________________________________________________________________
(Street or P.O. Box)

(City) (State) (ZIP Code)

BUSINESS PHONE _____________________ E-MAIL __________________________________________

Do you currently hold an Illinois hearing instrument dispenser license or Illinois audiology license?   ❑ YES   ❑ NO

If YES, license # ________________________________ Issue Date ________________ Exp Date _______________

Must provide proof of liability insurance
HEARING INSTRUMENT CONSUMER PROTECTION PROGRAM
LICENSE VERIFICATION FORM

I, ________________________________________________, agree to be the supervisor of
_________________________________________________ while working toward his/her hearing instrument
dispenser license. In accordance with Illinois Department of Public Health, Hearing Instrument Consumer
Protection Administrative Code, under Section 682.215, the above mentioned trainee shall perform the functions of
a hearing instrument dispenser under my supervision. I will provide 100 percent direct supervision until the trainee
has obtained a hearing instrument dispenser license. I understand the trainee license is limited to 12 months.

I also supervise the following trainees:

1. ______________________________________________________  ID # ____________________
2. ______________________________________________________  ID # ____________________

Signatures

Trainee ______________________________________________________  Date _________________

Supervisor ____________________________________________________  Date _________________