



North Carolina State Hearing Aid Dealers and Fitters Board

**WAIVER OF APPRENTICESHIP REQUIREMENT (F5-OWAR)
Otolaryngologist Affidavit**

Note: This affidavit is a part of the electronic Application for License/Exam Registration. It is only required if your answer to question 16 is (F)(iv). Complete the top portion of the form, including filling in registration deadline, then provide to Otolaryngologist to complete under notary seal and mail directly to the Board.

Date of Electronic Application (enter date of submission, if known): _____

Applicant's Name (PRINT CLEARLY): _____

The applicant named above seeks to qualify to have the one-year apprenticeship requirement waived under N.C.G.S. §93D-5(c) because applicant has worked full-time for at least one year in the office of and under the direct supervision of an otolaryngologist fitting or selling hearing aids. In order to process the application, please complete the affidavit and mail directly to the Board at:

NC Hearing Aid Dealers and Fitters Board
ATTN: Waiver Processing
3801 Lake Boone Trail, Ste 190
Raleigh, NC 27607

The completed form must be received by the registration deadline of _____.

Affidavit: *I hereby affirm that the above-named applicant has been employed in my office full-time for at least one year within the past 24 consecutive months; that I have provided applicant with direct supervision for fitting or selling hearing aids for at least one year; and that I am an otolaryngologist duly licensed to practice medicine.*

Applicant hire date: _____

Applicant is currently employed full-time: Yes / No If no, termination date: _____

Otolaryngologist's signature:

Otolaryngologist information:

_____ (seal)

STATE OF _____

Printed Name

COUNTY OF _____

License No. _____ State _____

Sworn to and subscribed before me this the

Phone: _____

_____ day of _____, 20____

Website: _____

Notary Public

Office Address (stamp):

Notary Printed Name

My Commission Expires: _____

FOR BOARD USE ONLY: