



North Carolina State Hearing Aid Dealers and Fitters Board

VERIFICATION OF LICENSURE (F7-VOL)

SECTION 1: AUTHORIZATION -- to be completed by the Applicant

I, _____ hereby authorize and request the State Board of _____ having control of any documents, records and other information pertaining to me to furnish to the North Carolina State Hearing Aid Dealers and Fitters Board information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent information.

Signature of Applicant: _____

NAME IN FULL (PLEASE PRINT):	License #	Issue Date	DATE OF BIRTH
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After completing Section 1, send form to the Board providing verification. That Board should complete the rest of the form and send it directly to the NC Hearing Aid Dealers and Fitters Board at the address shown below. Fill in registration deadline to ensure that the Board verifying your license knows your application deadline.

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

SECTIONS 2, 3, and 4 MUST BE COMPLETED BY AN OFFICIAL OF THE STATE BOARD PROVIDING VERIFICATION.

SECTION 2: LICENSE VERIFICATION

FULL NAME OF LICENSEE		BOARD/STATE	
LICENSURE STATUS	LICENSE NUMBER	ISSUE DATE	EXPIRATION

SECTION 3: EDUCATION VERIFICATION (if applicant has an audiology degree on file)

Degree	Date	____ Initial here if no audiology degree on file
SCHOOL		

SECTION 4: DISCIPLINE

- HAS THE APPLICANT EVER BEEN THE SUBJECT OF COMPLAINTS OR CHARGES RECEIVED BY YOUR BOARD? If YES, attach details. _____
- HAS THE APPLICANT EVER BEEN WARNED, CENSURED OR DISCIPLINED IN ANY MANNER BY YOUR BOARD? If YES, attach details. _____
- HAS ANY APPLICATION BY THE ABOVE APPLICANT FOR INITIAL LICENSURE OR REINSTATEMENT EVER BEEN DENIED? If YES, attach details. _____

BOARD SEAL	Signature and Title	Date
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Address: 3801 Lake Boone Trail, Suite 190, Raleigh, NC 27607 Telephone (919) 834-3661 Fax (919) 834-3665

FOR NC BOARD USE ONLY: