

# Hearing Instrument Dispenser Examination

## APPLICATION INSTRUCTIONS

**Minnesota Government Data Practices Act Notice:** The information provided by you on this form will be used by the Minnesota Department of Health (Department) solely and exclusively for scheduling your examination date. Participation in the Hearing Instrument Dispenser (HID) Certification Examination is voluntary, and you are not legally required to furnish any of the information requested on this form. The only consequence of not furnishing all of the requested information on this form is that the Department may not be able to schedule you for an examination. The information you provide on this form is private data, with the exception of your name and address. If you become certified, all other information on this form becomes public. Private data will be accessible only to you and the appropriate Department staff.

### Application and Examination Fees

Fee Type	Non-Audiologist	Audiologist*
HID Examination	\$1,200.00	\$600.00
Hid Examination Retake	\$600.00	\$600.00

Make check payable to: Treasurer, State of Minnesota. **DO NOT SEND CASH. ALL FEES ARE NONREFUNDABLE.**

\*If you are in, or have completed an audiology master's or doctoral degree training program, and are applying for the practical exam or a retest of any portion(s) of the practical exam, you will pay the Audiologist fee.

### Submitting HID Exam Application

Returned applications must include:

1. Completed and signed HID Exam application
2. Examination fee
3. Photo identification.

Mail completed applications, any supportive documentation and appropriate exam fee to:

### Mail/Courier Drop-off

Mail	Courier Drop-Off Delivery
Minnesota Department of Health Health Occupations Program P.O. Box 64882 St. Paul, MN 55164-0882	Minnesota Department of Health Health Occupations Program 85 E. 7 <sup>th</sup> Place, Suite 220 St. Paul, MN 55101

### Application Process

Once your full application is received and approved, you will be notified in writing of your scheduled examination date and time at least one week before the examination.

The Department encourages, though does not require, that you obtain professional liability insurance before taking the HID Certification Examination. The Department does not maintain or provide liability insurance for examinees.

## Application for Hearing Instrument Dispenser (HID) Examination

To register for the HID exam, complete this application, provide any supportive documentation and mail with the appropriate exam fee amount to the address above. Make checks payable to: Treasurer, State of Minnesota.

Please indicate your profession:

- Hearing Instrument Dispenser  Audiologist

### HID Examination Date Requested

Please go onto the [HID Exam website](#) and write below the date on which you are requesting to take the exam. Please write clearly.

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Month (mm)                      Date (dd)                      Year (yyyy)

### You must check one of the options below:

- I will bring a live subject to complete the ear mold portion of the exam. Your subject must be at the exam site at least one hour before your scheduled ear mold exam.
- I will use the simulator provided by the Minnesota Department of Health at the exam site to complete the ear mold portion of the exam.

### Examination Information

Is this HID Exam registration for a retest?  Yes  No

If yes, please indicate which portions of the examination you will take below:

- Minnesota Law  Audiometry  
 Ear Mold Impressions  Hearing Aids: Fitting and Servicing

- If you require accommodation for the exam, indicate this in the box below. **Submit supporting documentation regarding your request for testing accommodations due to a disability.** At a minimum the documentation must include:
  - a letter from an appropriate professional confirming the disability and providing information as to what accommodations are appropriate; and
  - a letter from the Disability Services department of your school indicating what modifications, if any, were granted by the program.

- Yes, I need special exam arrangements.

**Personal Information**

Last Name		First Name	Middle
Home Address		City	State ZIP
Home Phone		Work Phone	
Email Address		Date of Birth (MM/DD/YYYY)	

**Professions and Higher Education Information**

Are you a licensed audiologist? If yes, what is your license number?

Yes, \_\_\_\_\_  No

Are you in or have you completed an audiology master’s or doctoral degree training program?

Yes  No

Are you currently a student enrolled in an audiology graduate degree or a doctorate of audiology program? If yes, how many years of audiology related higher education have you completed?

Yes, \_\_\_\_\_  No

Are you currently licensed as an audiologist in another state?

Yes  No

**Affirmation of Applicant**

I attest that the statements made on this application are true. I understand that intentionally submitting false or misleading information in connection with this application may be grounds for discipline under the Hearing Instrument Dispenser Statute. I have read and understand this application, including the notice regarding liability insurance.

Signature	Date
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I have printed the following materials in my examination packet and understand it is my responsibility to read these materials:

- HID Examination Information Sheet
- HID Examination Application
- HID Examination Overview
- Bibliography
- Minnesota Law Packet which includes the following:
  - Minnesota Statutes Chapter 153A Hearing Instrument Dispensing
  - Minnesota Statutes Home Solicitation Sales Chapter 325G Consumer Protection: Solicitation of Sales

HEARING INSTRUMENT DISPENSER EXAMINATION APPLICATION

- FDA-Title 21 Food and Drugs Chapter I – Food and Drug Administration  
Department of Health and Human Services Subchapter H – Medical Devices Sec  
801.420 Hearing Aid devices; professional and patient label
- FDA-Title 21 Food and Drugs Chapter I – Food and Drug Administration  
Department of Health and Human Services Subchapter H – Medical Devices Sec  
801.421 Hearing Aid devices; conditions for sales.
- Minnesota Statutes Assistive Device Chapter 325G
- Minnesota Statutes Chapter 148.511 to 148.5198 Speech Language Pathologist  
and Audiologist Licensing.

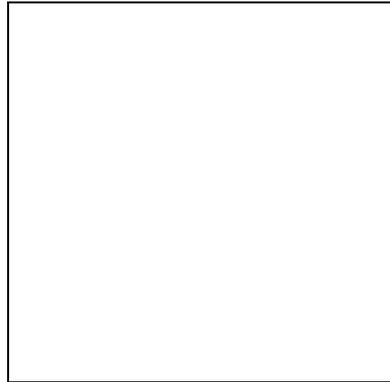
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Signature

Date

## Hearing Instrument Dispenser Examination Identification

The Minnesota Department of Health requires a photograph for identification and examination security. Attach a passport size photograph of yourself in the space below. The photograph must be taken less than six months prior to the date of application. All applications must have a photograph, including for a retest.



**Directions:** Attach photograph in the space above. Photograph must fit in 2"x2" square, head and shoulders only. **NOTE:** Photograph will be removed and used as an identification badge for the examination.

I, the undersigned, affirm that I am the person in the photograph above.

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Signature

Date

### For MDH Use Only

Approved for the following date:	Additional Notes:

Minnesota Department of Health  
PO Box 64882  
St. Paul, MN 55164  
651-201-3731  
Health.hidexam@state.mn.us  
www.health.state.mn.us

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To obtain this information in a different format, call: 651-201-3731.