

Hearing Instrument Dispenser Retest Examination

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 Department considers all of the information requested on this form to be 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 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.

Submitting HID Exam Application

Returned applications must include:

1. Completed and signed HID Exam application,
2. Examination fee, and
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 th 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.



Hearing Instrument Dispenser Retest Examination

APPLICATION

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.

HID Retest Examination Dates

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

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

Please indicate which portions of the examination you will take below:

- Ear Mold Impression
- Audiometry

If you need special examination arrangements, indicate this in the box below and on a separate sheet describe your disability and the arrangements you require.

- Yes, I need special exam arrangements.

Personal Information

| | | |
|-----------|------------|--------|
| Last Name | First Name | Middle |
|-----------|------------|--------|

| | | | |
|--------------|------|-------|-----|
| Home Address | City | State | ZIP |
|--------------|------|-------|-----|

| | |
|------------|------------|
| Home Phone | Work Phone |
|------------|------------|

| |
|---------------|
| Email Address |
|---------------|

| | | |
|------------------------|---|----------------------------|
| Social Security Number | <input type="checkbox"/> Male <input type="checkbox"/> Female | 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, the above named applicant, state that I am the person referred to in this application and that the statements herein contained are each strictly true in every respect. I understand that intentionally submitting false or misleading information in connection with this application may be grounds for discipline under the Hearing Instrument Dispenser System. I have read and understand this application, including the notice regarding liability insurance.

Signature

Date

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
 - 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.

Signature

Date

Hearing Instrument Dispenser Examination Identification

The Minnesota Department of Health required a photograph for identification and examination security. Attach a passport size photograph of applicant 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, regardless if this is a retest.

Directions: Attach photograph in the space below. 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.

Signature

Date

For MDH Use Only

| Approved for the following date: | Additional Notes: |
|----------------------------------|-------------------|
| | |

Minnesota Department of Health
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651-201-3731
Health.hidexam@state.mn.us
www.health.state.mn.us

04/03/2019

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