



# Application for Board Certification

National Board for Certification in Hearing Instrument Sciences

33966 W 8 Mile Rd, Ste. 101 · Farmington Hills, MI 48335 · 734.522.2900 · Fax 734.522.0900 www.nbc-his.com

Dear Applicant:

Congratulations on your decision to become Board Certified in Hearing Instrument Sciences. In order to sit for the examination, you must complete your application and return it to the NBC-HIS office with the following documentation:

- A photocopy of your State/Provincial License or Certificate of Registration
- The applicable fees (US FUNDS)
- A letter on company letterhead attesting to your two-years dispensing experience

Application and exam fees **must** accompany your application. Failure to do so will result in the delay of your application and could possibly prohibit you from sitting for the exam at your requested location.

## US and Canadian Fees:

Application Fee:	Non-IHS Member: \$ 75.00	IHS Member: \$ 50.00
Exam Fee:	Non-IHS Member: <u>\$ 150.00</u>	IHS Member: <u>\$ 125.00</u>
Total Fees:	Non-IHS Member: \$ 225.00	IHS Member: \$ 175.00

## International Fees:

Application Fee:	Non-IHS Member: \$ 75.00	IHS Member: \$ 50.00
Exam Fee:	Non-IHS Member: <u>\$ 175.00</u>	IHS Member: <u>\$ 150.00</u>
Total Fees:	Non-IHS Member: \$ 250.00	IHS Member: \$ 200.00

Upon verification of eligibility, an Exam Confirmation Notice will be emailed to you. Please take a copy of this confirmation with you to the exam site to facilitate the sign-in process.

You will receive your exam results in the mail. If you are successful, you will be required to pay an annual revalidation fee.

Annual Revalidation	Non-IHS Member: \$175.00	IHS Member: \$150.00
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## For Office Use Only

### Application Processing

Date application received... \_\_\_\_/\_\_\_\_/\_\_\_\_

Check No. \_\_\_\_\_

Amount \$ \_\_\_\_\_

Application approved... \_\_\_\_/\_\_\_\_/\_\_\_\_

Application rejected... \_\_\_\_/\_\_\_\_/\_\_\_\_

Rejection letter mailed... \_\_\_\_/\_\_\_\_/\_\_\_\_

Application valid through... \_\_\_\_/\_\_\_\_/\_\_\_\_

### Registration

Examination fee received... \_\_\_\_/\_\_\_\_/\_\_\_\_

Check No. \_\_\_\_\_

Amount \$ \_\_\_\_\_

Verification/info. mailed... \_\_\_\_/\_\_\_\_/\_\_\_\_

Examination date... \_\_\_\_/\_\_\_\_/\_\_\_\_

Examination site \_\_\_\_\_

Examination fee received... \_\_\_\_/\_\_\_\_/\_\_\_\_

Check No. \_\_\_\_\_

Amount \$ \_\_\_\_\_

Verification/info. mailed... \_\_\_\_/\_\_\_\_/\_\_\_\_

Examination date... \_\_\_\_/\_\_\_\_/\_\_\_\_

Examination site \_\_\_\_\_

### Please Indicate Payment Type

(must be filled in and signed)

\_\_\_\_ VISA    \_\_\_\_ Master Card    Amount \$ \_\_\_\_\_

Card # \_\_\_\_\_ Expiration \_\_\_\_\_ Security Code \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

Signature \_\_\_\_\_

### Part I - Personal Information

**Note:** Print name as you wish it to appear on your certificate.

Please type or print

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

*Attach recent*

Middle Initial \_\_\_\_    Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

*head & shoulder*

Last 4 Digits of Social Security Number \_\_\_\_\_

*photograph (2x3)*

**Note: If application is submitted online, photograph  
Can be uploaded and emailed to the NBC-HIS office.**

**Note: Check address you want used as your preferred mailing address.**

\_\_\_\_ Company Address    \_\_\_\_ Home Address

### Home Address

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_    or    Cell Phone (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

### Company Address

Company Name \_\_\_\_\_

Street \_\_\_\_\_ Suite No. \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip \_\_\_\_\_

Company Phone ( ) \_\_\_\_\_-\_\_\_\_\_

Company Fax ( ) \_\_\_\_\_-\_\_\_\_\_

**Email address:** \_\_\_\_\_

## Part II - Professional Work/Experience

Note: List your professional/work experience for the past **5-years**, listing current employment **first**.

Candidates **MUST** meet a minimum of two (2) years dispensing experience.

Dates	Work Experience Company (include name and address)	Name of Employer (Self Employed)
from _____ to _____	_____ _____	_____
from _____ to _____	_____ _____	_____
from _____ to _____	_____ _____	_____
from _____ to _____	_____ _____	_____

## Part III - Education, Training, Qualifications

Year Graduated	High School: Name of High School	City/State
_____	_____	_____

**Post Secondary School: (Post High School)**  
**DO NOT LIST:** Workshops, Seminars, Convention programs or Audited Courses.

Dates Attended (Month/Year)	College/University Address	Years Completed	Major	Degree/ Award
from ____/____ to ____/____	_____	____	____	_____
from ____/____ to ____/____	_____	____	____	_____
from ____/____ to ____/____	_____	____	____	_____

**Current Professional: Memberships, License, Registration(s)**

Issue Date	Name of Affiliated Body	Membership/License/Registration(s)
____/____	_____	_____
____/____	_____	_____

## Declaration

Please read before signing application

- (1) Information in this application, to the best of my knowledge, is true and correct.
- (2) No action is pending against me in any court or any other local, state or federal agency regulating my profession and/or business; or any state or national professional organization.
- (3) I have read and hereby pledge to abide by the NBC-HIS Code of Ethics.
- (4) I hereby give NBC-HIS authority to request necessary information from agencies, individuals, institutions and/or organizations named in this application and the attachments thereto in order to validate my application.
- (5) I hereby acknowledge that the Board Certified Certificate issued to me by NBC-HIS remains the property of NBC-HIS. At such time that I am no longer Board Certified by NBC-HIS, upon receiving a written request from NBC-HIS, I agree to return the certificate and all duplicate certificates which have been issued to me.
- (6) In compliance with the American for Disabilities Act, please list any special requirements you may have:

\_\_\_\_\_  
\_\_\_\_\_

Date (mm/dd/yy) \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

## Checklist

- Personal Data Completed...Full Name, Birth Date, S.S.#, Home & Company Address, Phone Numbers.
- Professional Work/Experience Completed
- Letter from Employer verifying that you have two years or more dispensing experience. Letter should include dates.
- Photograph Enclosed - please enclose most recent photo of yourself, head and shoulder shot, may be color or B&W.
- Education - Training - Qualifications Section Completed.
- Application Signed.
- Application and Exam Fee Enclosed All fees must accompany application.
- Photocopy of current state/provincial dispensing license, certificate of registration (where applicable), or diploma from the Grant MacEwan Hearing Practitioner Program. License or certificate must be current as of exam date.

**Note: If application is submitted online all documents can be scanned and emailed to NBC-HIS**

**Make check/money order payable to NBC-HIS.**

### Non-Discrimination Policy:

No applicant shall be denied certification or recertification based on sex, marital status, age, religious preference, nationality, race, or disability except when that disability affects the ability of the applicant to provide professional-level service to their patients/clients.

### Do Not Write In this Section - For Office Use Only

Examination Scores

Number of certificates issued: (1) (2) (3) (4) (5) (6) (\_\_\_\_\_)