



# Application for Board Certification

National Board for Certification in Hearing Instrument Sciences

33900 8 Mile Road, Suite 101, Farmington, MI 48335 734.522.2900 · Fax 734.522.0900 [www.nbc-his.com](http://www.nbc-his.com)

You may complete this application online at <https://form.jotform.com/211465710060141>

Dear Applicant:

Congratulations on your decision to seek 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 Hearing Instrument Specialist / Dispenser.
- The applicable fee (US FUNDS)
- A letter from employer on company letterhead attesting to your two years dispensing experience. Letter should include dates. If you are self-employed or a business owner, please call NBC-HIS to discuss other options to verify dispensing experience.

The exam fee **must** accompany your application.

## US and Canadian Fees:

Exam Fee: \$ 225.00

## International Fees:

Exam Fee: \$250.00

Upon verification of eligibility, you will be contacted by NBC-HIS office to schedule your exam. 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.

After completing your exam you will receive your exam results immediately via email.

If you are successful, you will be required to pay an annual revalidation/ recertification fee. The first fee will be due the calendar year following your certification date.

Annual Fee: \$225.00

**Please take a moment and let us know how you found out about NBC-HIS.**

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Your Name: \_\_\_\_\_

## (NBC-HIS Website NCE Application)

### For Office Use Only = Application Processing

Date application received...\_\_\_\_/\_\_\_\_/\_\_\_\_ iMIS ID#\_\_\_\_\_

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

Application rejected...\_\_\_\_/\_\_\_\_/\_\_\_\_ Rejection letter mailed...\_\_\_\_/\_\_\_\_/\_\_\_\_

### Please Indicate Payment Type

(must be filled in and signed)

Check No. \_\_\_\_\_ Amount \$ \_\_\_\_\_ PR Code: \_\_\_\_\_

\_\_\_\_\_ 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

(Prefix) \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_  
(Dr., Mr., Mrs., Ms., etc.)

Last Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Also known by or name used (aka) \_\_\_\_\_

Your Credentials: (ABA, ACA, Aud, CCC-A, CCCSLP, MD, other) \_\_\_\_\_

Professional title /position: \_\_\_\_\_  
(Example: Hearing Aid Specialist, Audiologist, Physician)

Last 4 digits of Social Security Number \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ Circle: Male or Female

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

Contact me at: \_\_\_\_ Company Address \_\_\_\_ Home Address

#### Home Address

Street \_\_\_\_\_

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

Country \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## Company Information and Address

*(Please add a page to application if you have multiple office locations.)*

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

Franchise Name \_\_\_\_\_

Name of Franchise Owner \_\_\_\_\_

Name of Manager/Supervisor \_\_\_\_\_

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

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

Country \_\_\_\_\_

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

Email address: \_\_\_\_\_  
(Required)

I am a(n): ☐ Employee ☐ Business /Franchise Owner ☐ Trainer/Mentor

**What prompted you to submit the NBC-HIS National Competency Exam Application?**

\_\_\_\_\_

## 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

### High School:

Year Graduated \_\_\_\_\_

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 \_\_\_\_/\_\_\_\_/\_\_\_\_

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from \_\_\_\_/\_\_\_\_/\_\_\_\_  
to \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Issue Date

Name of Affiliated Body

Membership/License/Registration(s)

\_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_

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**Please list all states / provinces that you have a current license:**

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## 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 Americans with 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. (Note if self-employed or a business owner call NBC-HIS for other options to verify dispensing experience).
- \_\_\_ 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 / certificate from: Bates Technical College/Hearing Instrument Technology, Burlington County College/Hearing Instrument Sciences, George Brown, Hearing Instrument Specialist, Conestoga College/Hearing Instrument Specialist, Grant MacEwan University/Hearing Aid Practitioner, Ozarks Technical Community College/Hearing Instrument Sciences, Spokane Falls Community College/Hearing Instrument Specialist. License or certificate must be current as of exam date.

**Note: If application is submitted online all documents can be scanned and emailed to [info@nbc-his.com](mailto:info@nbc-his.com). You may also fax the application and all documents to the NBC-HIS secure fax line: (734) 522-0900.**

**If mailing, make check/money order payable to NBC-HIS.**

### Non-Discrimination Policy:

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