



Application for Board Certification

National Board for Certification in Hearing Instrument Sciences

33900 8 Mile Road, Suite 101, Farmington Hills, MI 48335 734.522.2900 · Fax 734.522.0900 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)
- Self-Attestation Form (Attached below, please note this form will need to be notarized)

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 Fees (subject to change): US/International: \$299

Canada: \$215

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

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 _____
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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 ____ / ____ / ____	_____	_____	_____	_____

Current Professional: Memberships, License, Registration(s)

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

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 Disability Act and/or the Accessible Canada 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.
- ☐ Self-Attestation Form
- ☐ 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: George Brown College/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. 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 who has otherwise satisfied the application requirements shall be denied eligibility to the NCE because of age, sex, marital status, national origin, sexual preference, religious preference, race, or physical disability. Any individual who wishes to question any of the eligibility requirements of the National Board for Certification in Hearing Instrument Sciences (NBC-HIS) shall submit these concerns in writing to the NBC-HIS office.

Affidavit Of Eligibility to Sit For The National Competency Exam

STATE / PROVINCE OF _____, COUNTY of _____;

I, _____, state the following:

1. I am a resident of _____;
2. I have a current state/provincial/jurisdictional dispensing license or certificate of registration (where applicable); **and one of the following:**
 - ☐ I have a minimum of two (2) years of full-time dispensing experience within the last five (5) years.
 - ☐ I have a diploma from an approved two-year post-secondary educational program in Canada¹.
 - ☐ I have a diploma from an approved two-year post-secondary educational program in the United States².
 - ☐ I am a Hearing Instrument Specialist who has completed fifteen (15) or more months of the two-year dispensing requirement.³
3. I understand that this affidavit is being submitted under oath and that if any of the representations made herein are not true, NBC-HIS has the unchallengeable right to immediately revoke my eligibility to sit for the NCE, or my Board Certification, if the discovery of the misrepresentation occurs after I have taken and passed the NCE.

Further Affiant sayeth not.

Signature

Notary:

Subscribed and sworn to before me
this _____ day of _____, 20__

Notary Public
County of _____, _____
My Commission Expires: _____

¹ Canada: Conestoga College, Douglas College, MacEwan University, George Brown College.

² United States: Ozarks Technical Community College, Spokane Falls Community College.

³ Upon successfully passing the exam, I understand I will remain "Board Eligible" until such time that the two-year requirement is fulfilled.