



OFFICE OF PROFESSIONAL LICENSING
BOARD OF HEARING CARE PROVIDERS
121 South Fruit Street
Concord, NH 03301
(603) 271-9482

APPLICATION FOR RENEWAL OF
AUDIOLGIST LICENSE AND
HEARING AID DEALER REGISTRATION

Name: _____

Office Address: _____

Home Address: _____

Business Phone #: _____ Home Phone #: _____

Are you actively practicing as a hearing aid dealer or audiologist in the State of New Hampshire?
Yes _____ No _____

Has the information you provided in your initial application changed since you applied, except to the extent you have previously disclosed such changes to the Board? Yes _____ No _____

If yes, please describe any such changes on additional sheets and attach to this application.

Have you complied with the applicable continuing education requirements found in Hcp 402?
Yes _____ No _____

Do you acknowledge that the provision of false information in this application is a basis for disciplinary action by the board? Yes _____ No _____

Signature of Applicant

Date