

NH OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION

Board of Hearing Care Providers

121 South Fruit Street

Concord, New Hampshire 03301

Telephone 603-271-9482 · Fax 603-271-6702

Peter D. Danles
Executive Director

Sheri Walsh
Health Division Director



**APPLICATION FOR A REGISTRATION/LICENSE TO PRACTICE AS A
HEARING CARE PROVIDER OR AUDIOLOGIST**

INSTRUCTIONS

This instruction sheet is intended to assist applicants. Please use this sheet as a checklist to ensure that you are submitting a complete application. Applications that are submitted, but are not complete will be returned to the applicant.

- () **Hearing Care Provider *Initial* License \$300.00, check made payable to: "Treasurer, State of New Hampshire".**
- () **Audiologists *Initial* License \$300.00, check made payable to: "Treasurer, State of New Hampshire".**
- () **Audiologists *Temporary* License \$300.00, check made payable to: "Treasurer, State of New Hampshire".**
(A temporary license may be granted for up to 120 days to a person who has moved to this state from another jurisdiction, if the person holds an audiologist's license in the other jurisdiction and the other jurisdiction's requirements for licensure are greater than or equal to the requirements in this state, and the person has applied for a license under this chapter.)
- () **Audiologists *Interim* License \$300.00, check made payable to: "Treasurer, State of New Hampshire**
(An applicant who satisfies all requirements for licensure except completion of a supervised postgraduate professional experience as required by RSA 137-F:13,1(f).
- () **An original recent photograph of applicant**
- () **Certified copy of National Institute for Hearing Instrument Studies Examination (Hearing Care Providers ONLY)**
- () **Official scores from the International Hearing Society (Hearing Care Providers ONLY)**
- () **Official academic transcripts from college or university.**
- () **Photocopies of any current licenses, certifications or other documents that specify applicant's credentials to practice.**
- () **Copy of current resume (C.V.)**
- () **Verification from state(s) you currently hold license.**

QUESTIONS AND COMPLETED APPLICATIONS CAN BE DIRECTED TO:

**Office of Professional Licensing
Board of Hearing Care Providers
121 South Fruit Street
Concord, New Hampshire 03301
(603) 271-9482
FAX (603) 271-6702**