



**Board for Hearing Specialists and Opticians
 HEARING AID SPECIALIST RE-EXAMINATION APPLICATION**

A check or money order payable to the TREASURER OF VIRGINIA,
 or a completed [credit card insert](#) must be mailed with your application package.
APPLICATION FEES ARE NOT REFUNDABLE.

Select the examination section(s) you are requesting.

X	Examination	Sections Included	Trans	Fee
<input type="checkbox"/>	Written Examination - Part I	Section I - Theory Licensing Exam Section II - Virginia Rules, Regulations & Statutes	1011	\$95.00
<input type="checkbox"/>	Practical Examination - Part II	Section I - Audiograms Section II - Speech Testing Section III - Earmold Impressions Section IV - Hearing Modification & Repairs	1011	\$95.00
<input type="checkbox"/>	Written & Practical Examinations (Part I & Part II)	All Sections Listed Above	1011	\$110.00

1. Name _____
Last First Middle Generation

2. Provide **one** of the following identification numbers.

Social Security Number or Virginia DMV Control Number * - -

* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

3. Date of Birth _____
MM/DD/YYYY

4. Maiden Name or Former Surname(s) _____

5. Mailing Address (PO Box accepted) _____

If a mailing address is submitted, the mailing address will be printed on the license.

City State Zip Code

6. Street Address (PO Box not accepted) Check here if Street Address is the same as the Mailing Address listed above.

PHYSICAL ADDRESS REQUIRED

City State Zip Code

7. Email Address _____

8. Contact Numbers _____
Primary Telephone Alternate Telephone Fax

9. Requested Examination Date _____
MM/DD/YYYY

10. Date of Your Last Examination _____
MM/DD/YYYY

11. Signature _____ Date _____

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
			1011		2101	