



**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	