



APPLICATION FOR EXAMINATION TO BE ELIGIBLE FOR LICENSURE AS A HEARING AID SPECIALIST IN THE STATE OF SOUTH CAROLINA

Bureau of Health Facilities Licensing

Today's Date: \_\_\_\_\_

For which test are you applying?  Written  Practical

PERSONAL INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
First Middle Initial Last

Residence Address: \_\_\_\_\_
Street City State Zip

Mailing Address: \_\_\_\_\_
(If Different) Street City State Zip

Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_
(+ Area Code)

PRIMARY BUSINESS INFORMATION

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_
Street City State Zip

Mailing Address: \_\_\_\_\_
(If Different) Street City State Zip

Telephone (+ Area Code) \_\_\_\_\_

Do you have a South Carolina Temporary Permit?  Yes  No If yes, Permit No. : \_\_\_\_\_

OTHER INFORMATION

Have you ever been convicted of any criminal offense other than minor traffic violations?

Yes  No If yes, attach a separate statement providing details to include date of conviction, type of offense, and name and location of court.

Have you ever had a license to dispense, fit, or sell hearing aid denied, suspended, or revoked in this or any other state?

Yes  No If yes, attach a separate statement providing details, dates, and places.

I do hereby swear or affirm that all statements made and information contained herein are true and correct to the best of my knowledge and belief. Furthermore, I voluntarily consent to an investigation of the aforesaid information for the purpose of verifying my qualifications for a license to fit and sell hearing aids in the State of South Carolina.

Signature

Date

RETURN APPLICATION TO: SCDHEC, Division of Health Licensing, 2600 Bull Street, Columbia, SC 29201
Personal information provided on this form is subject to public scrutiny or release.

**Instructions for Completing DHEC Form 0220**  
**Application for Examination To Be Eligible For Licensure**  
**As a Hearing Aid Specialist In The State Of South Carolina**  
**Division of Health Licensing**

**PURPOSE:** In accordance with the South Carolina Department of Health and Environmental Control Regulation 61-3, The Practice of Selling and Fitting Hearing Aids, Section 202, an application for examination shall be kept on file by the Department.

**INSTRUCTIONS:**

Self-explanatory. Complete as indicated.

**OFFICE MECHANICS AND FILING:** The original shall be placed in the master file of the activity in the Health Licensing Section and maintained there in accordance with the most restrictive retention schedule assigned to this document or other documents contained in the file. The most restrictive retention schedule in the master files is SBH-16327, which requires documents to be kept for six years within Health Licensing. Records are then shipped to the Consolidated Storage Center for retention of not less than 24 years before destroying.