

HEARING AID PERMIT APPLICATION INSTRUCTIONS

Registration of Hearing Aid Dealers is required pursuant to the District of Columbia Code, Title 28, Chapter 40.

Each person desiring to engage in the practice of fitting and selling hearing aids in the District of Columbia must obtain a certificate of registration from the District of Columbia Department of Health. Applications may be obtained from the Pharmaceutical Control Division's website at: <http://dchealth.dc.gov/pcd>. Completed applications must be returned to the P.O. box below:

DC Health – Pharmacy
899 North Capitol Street NE
First Floor
Washington, DC 20013

Please read the instructions before completing the application form. Failure to provide all information may result in the delay of your registration. The application form must typed or printed.

NAME AND BUSINESS ADDRESS OF APPLICANT

Print the applicant name on line 1. If an individual is applying for licensure, list the applicant name on line 1 and line 2.

If a partnership, list the name of the applicant on line 1 and the business name on line 2.

If a corporation, enclose a copy of your current corporate registration. A letter of good standing is required for a corporation or limited partnership doing business in the District of Columbia.

APPLICATION AND INITIAL REGISTRATION FEES

Each application shall be accompanied by an application fee of one hundred dollars (\$100). This fee is non-refundable.

A certificate of registration will be issued upon approval of the application. Registrations expire on December 31st of each year.

In case of loss, mutilation, or destruction of certificate, a duplicate will be issued upon proof of facts and payment of a twenty five dollar (\$25) duplicate certificate fee.

All payments must be made by check or money order made payable to DC Treasurer and mailed to the P.O. Box listed above.

RENEWAL

Renewal applications may be mailed in up to 60 days prior to the expiration date (December 31 of each year).

The annual renewal fee is one hundred dollars (\$100).

All payments must be made by check or money order made payable to DC Treasurer, and mailed to the P.O. Box listed above.

MULTIPLE BUSINESSES

If a registrant maintains more than one place of business within the District, he or she shall apply for and procure a duplicate certificate for each place of business upon payment of a twenty five dollar (\$25) fee for each duplicate certificate of registration.

All multiple business applications shall be indicated by writing the word DUPLICATE on the top right hand corner of the application.

CHANGE OF NAME, ADDRESS, OR OWNERSHIP

If a registrant has a business change of name, address, or ownership, he or she shall notify the Pharmaceutical Control Division within (15) days of the change on business letterhead.

The registrant must submit a new application, listing the new name, address, or owner and include the registration fee of one hundred dollars (\$100).

CERTIFICATE OF REGISTRATION

The certificate of registration shall be conspicuously posted at all times in the place of business.

Note: Corporation partnerships, trusts, associations, or other like organizations may fit, sell, offer for sale, hearing aids at retail without a certificate of registration, provided that a list of all individuals holding valid certificates of registration who are directly or indirectly employed by them, are filed annually with the Department.

HEARING AID PERMIT APPLICATION

REPORT FRAUD, WASTE, AND ABUSE: To report fraud, waste, or abuse within the District government, contact the DC Office of the Inspector General's hotline by phone at 1-800-521-1639 (toll free) or 202-724-TIPS (8477), by email at hotline.oig@dc.gov, or by TTY at 711. For additional information, visit the Office of the Inspector General's website at oig.dc.gov.

NAME OF APPLICANT

PHONE NUMBER

BUSINESS NAME (WILL APPEAR ON LICENSE AS WRITTEN)

FAX NUMBER

EXISTING LICENSE NUMBER (IF RENEWAL)

EMAIL

APPLICANT ADDRESS: STREET CITY STATE ZIP CODE

BUSINESS ADDRESS: STREET CITY STATE ZIP CODE

CERTIFICATE OF OCCUPANCY NUMBER

DC WARD NUMBER

PLEASE INDICATE LICENSE TYPE:

CHANGE OF OWNERSHIP CHANGE OF LOCATION NEW APPLICATION RENEWAL

If change of ownership, please provide previous name:

If change of location, please provide:
Date of opening:

NAME OF CORPORATION

PHONE NUMBER

CORPORATION OFFICE ADDRESS: CITY STATE ZIP CODE

IF CORPORATION, LIST OFFICERS AND ADDRESS:

PRESIDENT: _____

VICE PRESIDENT: _____

SECRETARY: _____

TREASURER: _____

IF FACILITY IS NOT LOCATED OR INCORPORATED IN DC, PLEASE PROVIDE DC RESIDENT AGENT'S INFORMATION:

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

HAS THE APPLICANT BEEN FOUND GUILTY OF FRAUDULENT HEARING AID PRACTICES OR ADVERTISING? (CIRCLE ONE: YES/NO) IF THE ANSWER IS YES, PLEASE ATTACH A SUPPLEMENTAL SHEET WITH WRITTEN, DETAILED EXPLANATION.

I CERTIFY THAT ALL OF THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND ARE MADE IN GOOD FAITH.

SIGNATURE OF APPLICANT

DATE