



Board of Hearing Aid Dealers & Consultants
of British Columbia
1-1, 1515 Blanshard Street
Victoria BC V8W 3C8
250-952-1502 Fax: 250-952-1222

2009/2010 Licensing Year

License Renewal Form

Name: _____

Professional Designation:

Audiologist Active (\$400)

Hearing Aid Consultant Inactive (\$150)

FOR OFFICE USE ONLY

Receipt #: _____

Decal #: _____

Registration #: _____

Date: _____

PRINT CLEARLY IN BLACK INK – IT IS A REQUIREMENT TO LIST YOUR PRIMARY & SECONDARY PLACE(S) OF BUSINESS

Your E-mail Address (please print clearly):

Business Name <i>(Indicate if main office or clinic)</i>	Phone & Fax Numbers	Street	City	Postal Code	Audiometer <i>(Model/Serial Number)</i>

- The calibration certificate for each audiometer used must be attached.
- I have completed 10 hours of approved continuing education in the previous calendar year and attach proof.
- I understand that failure to remit the license fee and information on this form may mean I am unable to continue to practice as a hearing consultant after March 31, 2009.
- I certify that I have been active/inactive as a hearing aid dealer and consultant in the past year. (YOUR SIGNATURE) _____

Please return this form, the required documentation and your remittance to the Board office on or before March 1, 2009. Cheques should be made payable to the Minister of Finance.

*** Incomplete forms will be returned ***