

Hearing Instrument Dispenser (HID) Trainee

APPLICATION AND INSTRUCTION CHECKLIST

Important Things to Know About the Application Process

- It will take MDH five (5) to ten (10) business days to review your HID Trainee application for approval. To ensure that your application is processed in a timely matter, complete all the steps in this checklist.
- MDH will not approve your application until we receive:
 - A completed and signed application
 - All requested documentation
 - License fee payment
- Any applications mailed 30 days after the date of signature on the application will be returned to you to confirm that provided information is still current.
- If a question on the application doesn't apply to you, respond "N/A"
- If your HID Trainee application is approved, you will receive a notification in the mail from MDH confirming your Trainee status.
- You must receive written approval from MDH before you can dispense hearing instruments as a Trainee.

Application Checklist

- Print this document and check off the instructions as you complete them.
- Complete, sign and date Part I of the application.
- Complete, sign and date the top half of Part II. Then have your hearing instrument dispenser supervisor complete and sign the bottom half of Part II.
- Complete, sign and date Part III.
- Enclose a check or money order for \$230 and make payable to "Treasurer: State of Minnesota."
 - All fee payments received are deposited immediately.
 - All fees are non-refundable.
- Make a copy of your application and all supporting documents for your records.
- Mail completed original application, supporting documents and fee payment to MDH.

What happens next?

While you're waiting for HID Trainee approval, you can see if you've been issued trainee status on MDH's [Health Occupations Program Credential Lookup](#) website. This website is updated daily. Your name will appear on our website the day after your trainee status has been issued.

Questions

If you have questions about the application process or submitting the required documents, please email health.hid@state.mn.us or call (651) 201-4200.

Hearing Instrument Dispenser (HID) Trainee

MINNESOTA GOVERNMENT DATA PRACTICE ACT NOTICE. The information requested on this form will be used only by Minnesota Department of Health staff to determine whether the applicant and the supervisor meet requirements of Minnesota Statutes, section 153A.14, subd. 4a or 4c. All information, except your name and address, provided by you on this form are considered private until this application is approved, at which point all information becomes public except social security number. Failure to provide the requested information may delay the application and approval, and providing false or misleading information on this form is grounds for denial of this trainee application, for denial of certification as a hearing instrument dispenser, and for an enforcement action authorized by Minnesota Statute, section 153A.15, subd. 2.

Part I: Personal Information

To be completed by applicant only. Please print and sign clearly in blue ink.

Last Name	First Name	Middle
Home Address	City	State ZIP
Home Phone	Work Phone	
Email Address		
Social Security Number	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (MM/DD/YYYY)

Where would you prefer to receive mail from MDH regarding your HID Trainee status? The address you select will be public information. Home Employer

Have you ever used another legal name under which records may be filed concerning your application, including your education training or experience? Yes No

If yes, please list name(s) used (First, Middle, Last)

Trainee-Applicant Affirmation: I hereby make application as a trainee to dispense hearing instruments in Minnesota. I understand that as a trainee, I must dispense hearing aids under the direct supervision of a certified hearing instrument dispenser who dispenses until I have taken and pass the HID practical exam. Thereafter, I may dispense hearing instruments under indirect supervision until I am certified or until the expiration date of my trainee period. I will use the supervisor's credential number on all contracts for sale of hearing instruments. By signing below, I certify that: 1) I have read and will comply with the requirements of Minnesota Statute, section 153A.14, subdivisions 4a, 4b, and 4d; 2) I have not been the subject of any disciplinary action in this or any other state; 3) I have not been subject to any Commissioner, court or other orders (including conciliation court orders), in this or any other state, currently in effect or issued within the last five years, with respect to an action or omission in connection with the dispensing of hearing instruments; and 4) I am at least 21 years of age. I understand that approval of this trainee application and status as a trainee creates no rights to or expectation of approval from the Minnesota Department of Health for certification as a hearing instrument dispenser.

Trainee-Applicant Signature	Date
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The HID trainee period automatically expires two (2) months following notice of my passing all HID examination requirements.

Trainee-Applicant Signature	Date
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Part II: Employment Information

To be completed by applicant and supervisor. Please note that applicant and supervisor’s Place of Employment should be the same. Please print and sign clearly in blue ink.

Applicants Place of Employment if Approved as Trainee

Place of Employment (Name)

Address of Employment	City	State	ZIP
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Phone Number	Fax Number
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Email Address

Supervisor Information – To be Complete by Supervisor ONLY

Last Name	First Name	Middle
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HID Certification Number	Place of Employment (Name)
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Address of Employment	City	State	ZIP
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Phone Number	Fax Number
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Email Address

Supervisor’s Employer (If the supervisor is not the employer, fill in employer’s information)

Place of Employment (Name)

Address of Employment	City	State	ZIP
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Phone Number	Fax Number
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CERTIFIED SUPERVISOR AFFIRMATION: I request that the applicant be authorized to dispense hearing aids as a trainee under my supervision for a period not to exceed twelve (12) months. I know that this person is at least 21 years of age. I certify that I hold a valid credential to dispense hearing aids that I have read and will comply with the requirements of Minnesota Statute, section 153.14, subdivisions 4a, 4b and 4d, that I have not been subject to any commissioner, court or other orders, currently in effect or issued within the last five (5) years, that were issued with respect to an action or omission in connection with the dispensing of hearing instruments. I understand that the trainee must be under direct supervision until passing the HID practical examination at which time the trainee may be under indirect supervision until they are certified. The applicant is under my supervision, and I am not supervising more than two (2) trainees at a time, and am not directly supervising more than one trainee at a time. I shall be responsible for all actions and omissions of the applicant in connection with the dispensing of hearing instruments. I understand that I am liable for satisfying all terms of the contracts, written or oral, made by the trainee, including terms relating to products, repairs, warranties, service and refunds. I understand that the trainee will use my credential number on all contracts of sale for as long as I supervise him/her as a trainee. I understand that I am responsible as supervisor for trainee until the Minnesota Department of Health receives my written and signed statement that I wish to cease supervision of the trainee, the trainee period automatically expires two months following notice of the trainee passing all examination requirements, or until expiration of twelve (12) months.

Certified Supervisor’s Signature	Date
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HEARING INSTRUMENT DISPENSER TRAINEE

Part III: Certification of Calibration of Audiometric Equipment

To be completed by applicant. Please print and sign clearly in blue ink.

I hereby certify and understand that any audiometric equipment that I use has been calibrated to the current ANSI standards within twelve (12) months of the date of this application. For purposes of certification "ANSI" means ANSI S3.6 – 1989, American National Standard Specification for Audiometers from the American National Standards Institute.

Trainee-Applicant's Name (Printed)

Trainee-Applicant Signature

Date

MDH USE ONLY

Mail	Additional Comments
Approved: _____	
Denied: _____	
Trainee Exp: _____	
Check Number: _____	
Amount: \$ _____	

Minnesota Department of Health
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651-201-3731
health.hid@state.mn.us
www.health.state.mn.us

05/29/2024

To obtain this information in a different format, call: 651-201-4200.