



The Hearing Aid Board

302-258 Portage Ave
Winnipeg, MB R3C 0B6
Tel: (204) 945-3800, Fax: (204) 945-0728
Toll free in Manitoba:
1-800-782-0067

Régis des Appareils Auditifs

258, av. Portage, bureau 302
Winnipeg, MB R3C 0B6
(204) 945-3800, Télécopieur: (204) 945-0728
Sans frais au Manitoba:
1-800-782-0067

APPLICATION FOR CERTIFICATION AS A HEARING AID DEALER

Student Certification: \$42.00

- 1. (a) Name of applicant in full: _____
Maiden name, if married: _____
- (b) Home address: _____
Telephone number: _____
- (c) Name and address of business: _____

Telephone number: _____
- (d) Date of birth: date () month () year ()
- (e) Place of birth: _____
Length of residence in Manitoba: _____

2. The applicant has been employed for the last 10 years as follows:

FROM: MONTH/YEAR	TO: MONTH/YEAR	EMPLOYED BY:	AT: ADDRESS	IN THE BUSINESS OF:	AS: OCCUPATION	AT: LOCATION

3. The applicant
 (a) is presently and has been continuously engaged principally in the business of a hearing aid dealer for _____ years in the employ of _____ at _____ in the city of _____ in the province of _____.

- OR -

(b) will be engaged primarily in the business of a hearing aid dealer under the personal supervision and direction of _____ who holds Manitoba Certificate No. _____, and the applicant will be employed by _____ at _____ in the city of _____ in the province of Manitoba.

4. Has the applicant:

(a) been refused authorization to engage in the business of a hearing aid dealer, or had any such authorization been suspended or cancelled anywhere in Canada?

() No () Yes If yes, specify.

(b) been convicted or been associated in any company, firm or business that was convicted or any offence in Canada that involved dishonesty, fraud or misrepresentation?

() No () Yes If yes, specify. _____

5. The applicant has attained education standing equivalent to _____ in Manitoba at _____ school, located in the city of _____ in the province of _____.

***NOTE: STUDENT APPLICANTS MUST HAVE GRADE 12 STANDING.**

6. The applicant attended the following post secondary institutions:

Institution	Place	Length of Attendance	Standing Achieved

7. The applicant holds the following special qualifications as a hearing aid dealer.

The applicant is aware that any material misstatement in the application is sufficient cause for refusal or cancellation of the certification applied for.

Date

Signature

Witness

SPONSOR'S CONFIRMATION (if applicable)

This is to confirm that the applicant will be engaged as a hearing aid dealer as stated herein upon issuance of a student certification.

Date

Signature of Sponsor

Certification No.

Note:

Information is being collected under the authority of The Hearing Aid Act and will be used to consider this application for renewal of certification as a hearing aid dealer. If you have any questions about the application, please contact the Consumer Protection Office at (204) 945-3800.

N.B.:

Les renseignements sont recueillis en vertu de la Loi sur les appareils auditifs et serviront à déterminer l'admissibilité de cette demande de renouvellement d'accréditation en tant qu'audio-prothésiste. Si vous avez des questions au sujet de cette demande, veuillez vous adresser à l'Office de la protection du consommateur au (204) 945-3800.