

# Instructions for Submitting a Complete Application to Become a Provider of Hearing Aid Services for the NC Division of Services for the Deaf and the Hard of Hearing

**BE SURE TO FOLLOW THE BELOW INSTRUCTIONS CAREFULLY WHEN COMPLETING YOUR APPLICATION. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.**

1. An acceptable application consists of two (2) complete originally signed sets of the contract documents. Pages 1-25 with appropriate original signatures and supporting documentation make one complete set.
2. Before beginning, make a blank copy of the contract before beginning any completion. Once completed, make one copy for submittal of the entire contract with all supporting documentation.
3. Supporting documentation includes a voided check, a copy of the company W-9 tax identification form and current licenses for each staff person who will certify equipment use and/or fit hearing aids under the auspices of this contract. Each license copy must be attached to a signed Attachment G (found in the contract material) for that individual. Copies may be used for the voided check and the W-9 for one of the original applications. Copies of licenses can be used for each set of documents. DSDHH understands there are two licensing agents in North Carolina. Submit a copy of the license held by the individual under the appropriate licensing entity. If dually licensed, then please submit a copy of both.
4. Attachment G must be completed by each individual licensed to fit hearing aids and/or perform audiology work in the State of North Carolina and who will certify and attest to the need of equipment specifically for improvement of telephone use and/or fit hearing aids. This is not a corporate form representative of all licensed employees.
5. Be sure to complete all information requested, provide all necessary original signatures including witnesses on pp 20-23.
6. Send all sets of the completed application to the following addresses. Please note distinction between mailing the document package and shipping the document package:

**a) Mailing Address**

Jeff Mobley, Hard of Hearing Services Manager  
NC Division of Services for the Deaf and the Hard of Hearing  
2301 MSC  
Raleigh, NC 27699-2301

OR

**b) UPS/FedEx Delivery Address**

Jeff Mobley, Hard of Hearing Services Manager  
NC Division of Services for the Deaf and the Hard of Hearing  
1100 Navaho Dr., GL-3  
Raleigh, NC 27609

7. Be sure to follow the enclosed Checklist to ensure complete applications are submitted.

