

## Applicant Acknowledgement of Conduct Standards

I, \_\_\_\_\_, am applying for membership in the North Carolina Association of Hearing Care Professionals. I understand the North Carolina Association of Hearing Care Professionals follows the Code of Ethics set forth by the International Hearing Society. I will and have in the past followed such standards. By signing this form I acknowledge I have not been subject to any disciplinary actions by the North Carolina Hearing Aid Dealers and Fitters Board. I understand that I am subject to a background check administered by the North Carolina Hearing Aid Dealers and Fitters Board. I will receive conditional membership immediately upon filling out the application, submitting the applicable fees, and a favorable vote by the North Carolina Association of Hearing Care Professionals Board. I understand if my background check is not clean from disciplinary actions, I may lose my membership and fees from the North Carolina Association of Hearing Care Professionals.

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Applicant Signature & Date