Oklahoma State Department of Health
Protective Health Services / Consumer Health Service
Mail: PO Box 268815, Oklahoma City, OK 73126-8815
Physical: 1000 NE 10th St., Oklahoma City, OK 73117
Telephone: (405) 271-5243 / Fax: (405) 271-5286
Website: http://chs.health.ok.gov/

OUT-OF-STATE LICENSE VERIFICATION (Hearing Aid Dealer and Fitter)

P<u>rotective</u> H<u>ealth</u>

S<u>ervices</u>

Creating a State of Health

V

SECTION	1: APPLICANT	(This sect	ion to be completed by applicant.)	
Applicant Name:				
Home Address:	Last	First	Middle	
	Street Address			
Phone #:	City	State	Zip Zip	
Phone #:	Social Security	# Da		
Credential Held:				
SECTION 2.	STATUS	(This section to be completed by re	aulatom accord organization license	
SECTION 2: Credential Title:	STATUS (<i>This section to be completed by regulatory agency granting license.</i>)			
License #:				
Issued Date:	Expiration Date:			
In good standing? If 'no', please	Yes No			
briefly state reason:				
SECTION 3: TEST				
	Did the applicant pass the IHS ILE examination to receive licensure?			
	Did the applicant pass a practical examination to receive licensure?			
		Audiometric		
	If 'yes', which of these components	were tested? Ear Impressions		
CERTIFICATION STATEMENT: I certify that the information provided on this form is true and correct to the best of my knowledge.				
Name:				
Name of Agency:	Last	First	Title	
-				
Signature:	Date:			
Please return this form to Consumer Health Service by email or mail to the address at the top of the form.				