



Creating  
a State  
of Health

**PROTECTIVE  
HEALTH  
SERVICES**

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/>

**HEARING AID DEALER AND FITTER APPLICATION**

Please send the completed application to the address at the top of this page and include:

- Affidavit of Lawful Presence
- Out-of-State Licensure Verification form (*Complete only if applicant seeks reciprocity.*)

Applicants must pass a qualifying examination to obtain a license. Please select one exam option:

- State of Oklahoma Exam (\$95.00 exam fee in addition to \$50.00 application fee. Must select this option for reciprocity.)  
*Include a check or money order payable to OSDH in the amount of \$145.00 with application.*
- International Hearing Society Exam (An exam fee will be paid separately to IHS in addition to \$50.00 application fee.)  
*Include a check or money order payable to OSDH in the amount of \$50.00 with application.*

Applicant Name:

\_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle

Home Address:

\_\_\_\_\_ Street Address

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip

Phone #:

\_\_\_\_\_

Social Security #:

\_\_\_\_\_

Date of Birth:

\_\_\_\_\_

Fax #:

\_\_\_\_\_

E-mail :

\_\_\_\_\_

Company Name:

\_\_\_\_\_

Company Address:

\_\_\_\_\_ Street Address

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip

Company Phone #:

\_\_\_\_\_

High School Graduate / GED?

Yes  No

Highest Education Level Completed: \_\_\_\_\_

Have you ever been convicted of a misdemeanor (no traffic violations) or a felony?

Yes  No

*If yes, give a brief explanation:* \_\_\_\_\_

Are you licensed as a Hearing Aid Dealer and/or Fitter in any other state?

Yes  No

*If yes, please list state(s):* \_\_\_\_\_

The applicant signing this Application being duly sworn declares that the foregoing statements subscribed to by s/he are true to the best of his knowledge and that s/he personally signed this application. The applicant also acknowledges that s/he is aware that Section 310:265-3-1 (e) of the Oklahoma Hearing Aid Dealers and Fitters Regulations states "No person may take any portion of the examination more than three (3) times and must wait at least seven days before retaking a portion of any examination. Any person failing any section of the examination three times shall not be allowed to apply for an Oklahoma Hearing Aid Dealers and Fitters License for one (1) year from their last testing date. If a person fails any portion of the examination three (3) times, the Department shall summarily suspend and seek permanent revocation of the person's current temporary hearing aid dealers and fitters permit. (Note: Retain a copy of completed form for your files.)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_