



**OKLAHOMA  
State Department  
of Health**

**\_\_\_\_ HEARING AID DEALER AND FITTER LICENSE RENEWAL NOTICE**  
OCCUPATIONAL LICENSING · PO BOX 268815 · OKLAHOMA CITY, OK 73126-8815

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

License: \_\_\_\_\_

Dear Licensee:

Your Hearing Aid Dealer and Fitter License will expire on Jan 30. In order to renew your license for the current license year, we must receive the following:

- ☐ A copy of this renewal notice,
- ☐ A copy of the current calibration certificate(s) for each of your audiometer(s),
- ☐ Verification of a minimum of ten (10) hours of continuing education during the previous calendar year, and
- ☐ The appropriate license renewal fee.

**FEES:**      Renewals Postmarked until January 30 ----- \$50.00  
Renewals Postmarked January 31 – February 28 ----- \$75.00  
Renewals Postmarked After February 28----- \$100.00

When sending in a copy of this notice, please update the mailing address above, if needed, and complete the fields listed below:

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**CONTINUING EDUCATION:** If you have not already submitted the required 10 hours, please provide verification of completion with your renewal. **No more than four (4) online continuing education clock hours may be submitted for the required ten (10) annual hours. Continuing education is not required for individuals who received their first license in Oklahoma during the previous year.**

**CALIBRATION REQUIREMENTS:** You will need to provide a current calibration certificate. Please provide the serial number(s) of the audiometer(s) you will use during the coming year and the calibration date for each audiometer.

Model # \_\_\_\_\_ Serial Number \_\_\_\_\_ Calibration Date \_\_\_\_\_

Model # \_\_\_\_\_ Serial Number \_\_\_\_\_ Calibration Date \_\_\_\_\_

Model # \_\_\_\_\_ Serial Number \_\_\_\_\_ Calibration Date \_\_\_\_\_

Model # \_\_\_\_\_ Serial Number \_\_\_\_\_ Calibration Date \_\_\_\_\_

**FINDING ADDRESSES:** Please complete the information requested for all business locations you will operate at during the coming year, as required in Section 310:265-5-3 of the Hearing Aid Dealers and Fitters Rules.

**310:265-5-3. Address of place of business**

- (a) A person who holds a license shall notify the Commissioner in writing of each address of the business(es) where he/she engages or intends to engage in the fitting or the sale of hearing aids. A post office box number by itself does not fulfill this requirement.
- (b) The Commissioner shall keep a record of the place of business of licensees.
- (c) Any notice required to be given by the Commissioner to a person who holds a license shall be mailed to him/her by certified mail at the address of the last place of business of which he/she has notified the Commissioner.
- (d) Where more than one (1) office is operated by the licensee, duplicate licenses shall be issued by the Commissioner for posting in each location. The licensee must send a written request for a duplicate license indicating the address of the place of business where the license will be posted.

1. \_\_\_\_\_  
(Business Name) (Telephone Number)

\_\_\_\_\_  
(Business mailing address including suite number and zip code)

\_\_\_\_\_  
(Describe finding location if address is rural route, etc.)

2. \_\_\_\_\_  
(Business Name) (Telephone Number)

\_\_\_\_\_  
(Business mailing address including suite number and zip code)

\_\_\_\_\_  
(Describe finding location if address is rural route, etc.)

3. \_\_\_\_\_  
(Business Name) (Telephone Number)

\_\_\_\_\_  
(Business mailing address including suite number and zip code)

\_\_\_\_\_  
(Describe finding location if address is rural route, etc.)

**IF NEEDED, PLEASE INCLUDE ADDITIONAL PAGES FOR BUSINESS LOCATIONS**

**SIGNATURE OF APPLICANT** \_\_\_\_\_

To help ensure prompt service, please mail renewal notice, required documents and payment to:

Oklahoma State Department of Health  
Consumer Health Service  
PO Box 268815  
Oklahoma City, OK 73126-8815