



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 TEMPORARY APPLICATION

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

Affidavit of Lawful Presence

Include a check or money order payable to OSDH in the amount of \$15.00 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:

Sponsor's Name:

_____ Last _____ First _____ Middle

Phone #:

License #:

As a sponsor, I accept full responsibility for the DIRECT supervision of the above applicant under No.310:265-1-2 of the Oklahoma Hearing Aid Dealer and Fitter Regulations as adopted by the State Board of Health.

Signature: _____

Date: _____

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: _____