OKLAHOMA State Department 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: 123 Robert S Kerr Ave, Oklahoma City, OK 73102
Telephone: (405) 426-8250 / Fax: (405) 900-7557
Website: https://oklahoma.gov/health/chs

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. *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. (Use this option if you are using the IHS exam for reciprocity.)*

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: _____