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HADF Program Website: http://chs.health.ok.gov/

HEARING AID DEALER AND FITTER RE-EXAM APPLICATION

| Instructions: Complete this application by using the checklists to ensure all required documentation is attached and mail to the address shown on this form. | | | |
|--|-----------------|----------------|----------|
| Application & Documentation Checklist (ref. OAC 310:265) I have been notified in writing from Consumer Health Service that I am required to re-take a section of the HADF exam. Completed and signed HADF Re-Exam Application Form with Exam Fee \$95.00 (no fee for ILE only) | | | |
| NOTE: This form is ONLY for individuals required to re-take any portion of the HADF exam. Applicants must have an existing HADF License Application on file with the Consumer Health Service and also received written notification verifying re-exam eligibility. | | | |
| Select exam section(s): Audiometric Practical Exam Oklahoma Hearing Aid Rules Written Exam Ear Impression Practical Exam Hearing Aid Trouble Shooting Practical Exam Oklahoma State Exam (may instead elect to take the ILE option below) International Licensing Examination for Hearing Healthcare Professionals (ILE)* (If this item is the only option selected, do not pay the OSDH fee.) | | | |
| APPLICANT INFORMA | TION | | |
| Applicant Name: | | | |
| Applicant Name. | Last | First | Middle |
| Mailing Address: | LdSL | riist | iviidule |
| Mailing Audiess. | | | |
| | | Street Address | |
| | | | |
| | City | State | Zip |
| Phone #: | Cellular #: | Alternate #: | |
| Country | E maile | | |
| County: | E-mail: | | |
| | | | |
| READ CAREFULLY The applicant signing this application being duly sworn declares that the foregoing statements are true to the best of their knowledge and that they personally signed this application. The applicant also accepts and understands all conditions of licensure as set forth in OAC 310:265 including rules pertaining to scope of work, professional standards, and required reporting to OSDH. The applicant also understands 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 and the Department shall summarily suspend and seek permanent revocation of a current temporary hearing aid dealers and fitter permit, if issued. Submitting this form DOES NOT give permission to provide or offer to provide midwife services as a Hearing Aid Dealer and Fitter. (Note: Retain a copy of form for your files.) Applicant Signature: | | | |
| | Signature | | Date |
| OSDH License #: | OSDH Receipt #: | Receipt Date: | |