



OKLAHOMA
State Department
of Health

Oklahoma State Department of Health
Consumer Health Services
PO Box 268815
OKC, OK 73126-8815
Telephone: 405.426.4250 Fax: 405.900.7557
Website: Oklahoma.gov/health/CHS

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: _____