



Creating
a State
of Health

PROTECTIVE HEALTH SERVICES

Oklahoma State Department of Health
Protective Health Services / Consumer Health Service
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Physical: 1000 NE 10th St., Oklahoma City, OK 73117
Telephone: (405) 271-5243 / Fax: (405) 271-5286
Website: <http://chs.health.ok.gov/>

OUT-OF-STATE LICENSE VERIFICATION (Hearing Aid Dealer and Fitter)

SECTION 1: APPLICANT

(This section to be completed by applicant.)

Applicant Name: _____
Last First Middle

Home Address: _____
Street Address

_____ City State Zip

Phone #: _____ Social Security #: _____ Date of Birth: _____

Credential Held: _____

SECTION 2: STATUS

(This section to be completed by regulatory agency granting license.)

Credential Title: _____

License #: _____

Issued Date: _____ Expiration Date: _____

In good standing? Yes No

If 'no', please
briefly state reason: _____

SECTION 3: TEST

Did the applicant pass the IHS ILE examination to receive licensure? Yes No

Did the applicant pass a practical examination to receive licensure? Yes No

If 'yes', which of these components were tested?

Audiometric

Ear Impressions

CERTIFICATION STATEMENT: *I certify that the information provided on this form is true and correct to the best of my knowledge.*

Name: _____
Last First Title

Name of Agency: _____

Signature: _____ Date: _____

Please return this form to Consumer Health Service by email or mail to the address at the top of the form.