Creating a State of Health

PROTECTIVE HEALTH SERVICES

Oklahoma State Department of Health
Protective Health Services / Occupational Licensing
Mail: PO Box 268815, Oklahoma City, OK 73126-8815
Physical: 1000 NE 10th St., Oklahoma City, OK 73117
Telephone: (405) 271-5779 / Fax: (405) 271-5286
Website: http://old.health.ok.gov

HEARING AID DEALER AND FITTER TEMPORARY APPLICATION

License Fee: $15.00

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

- ☐ A current picture of the applicant
- ☐ A completed Affidavit of Lawful Presence
- ☐ A check or money order in the amount of $15.00 made payable to OSDH

Name: _____ _____ _____
Last First Middle

Address: _____
Street Address

_____ _____ _____
City State Zip

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

Email Address: _____

Company Name: _____

Company Address: _____
Street Address

_____ _____ _____
City State Zip

Company Phone #: _____

High School Graduate/ GED? ☐ Yes ☐ No Highest Education Completed: _____

Have you ever been convicted of a Misdemeanor (traffic violations not included), or a felony? ☐ Yes ☐ No

If yes give a brief explanation: _____

Sponsor's Name: _____ Sponsors License #:_____

Sponsor's Address: _____

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

Sponsor's Signature: _____ Date: _____

TO BE COMPLETED BY APPLICANT

The applicant signing this Application being duly sworn declares that the foregoing statements subscribed to by him are true to the best of his knowledge and that 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 state examination more than three (3) times. Any person failing the state licensing examination three times shall not be allowed to apply for an Oklahoma Hearing Aid Dealers and Fitters License for five (5) years from their application date. If a person fails any portion of the state licensing 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."

Applicant's Signature: _____ Date: _____

(NOTE: Retain a copy of the completed form for your files.)