

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HEALTH

**APPLICATION FOR  
APPRENTICE OR TEMPORARY FITTER REGISTRATION**  
HEARING AID SALES REGISTRATION LAW (ACT of 1976, No. 262)

Type or print all answers to all questions. Use "Not Applicable" (N/A) where appropriate. Pay fee by check or money order payable to "Pennsylvania Department of Health," or credit card payment. DO NOT SEND CASH. Complete and return application along with correct fee to: **Pennsylvania Department of Health, Bureau of Community Program Licensure & Certification, Hearing Aid Program, 132 Kline Plaza, Suite A, Harrisburg, PA 17104.**  
Phone: 717-783-8078. Fax 717-772-0232

The Act does not apply to nor affect any physician, or audiologist licensed under appropriate licensing laws, or to an individual supervised by such physician, or audiologist, who does not directly or indirectly engage in the sale or offering for sale of hearing aids. Registration is required when such persons engage in the sale or offering for sale of hearing aids. Only current registered Pennsylvania Hearing Aid Fitters may sponsor an apprentice hearing aid fitter.

You may access this form and other registration forms via [www.health.state.pa.us](http://www.health.state.pa.us)

(CHECK APPROPRIATE BLOCK)

APPRENTICE FITTER REGISTRATION

TEMPORARY HEARING AID FITTER

(Attach copy of out-of-state license or PA Audiologist License)

**REGISTRATION FEES INFORMATION**

Apprentice Fitter Registration .....	\$ 50.00
Temporary Hearing Aid Fitter .....	\$ 50.00
Apprentice/Temporary Fitter Renewal .....	\$100.00
Late Registration Fee Penalty.....	\$ 50.00

**NOTE: REINSTATEMENTS AND DEALER REGISTRATION REQUIRES DIFFERENT FORM**

Complete if paying by CREDIT CARD : ( VISA MC DISCOVER AE ) **CIRCLE ONE**

# \_ \_ \_ - \_ \_ \_ - \_ \_ \_ \_ EXP DATE \_ / \_ \_ TOTAL \$ \_\_\_\_\_  
Security Code \_ \_ \_ (3 Digit Code or number on back of credit card located in the signature block, last 3 digits only)

**APPLICATION FOR HEARING AID APPRENTICE FITTERS OR TEMPORARY FITTERS**  
(PLEASE PRINT CLEARLY)

1. NAME: Last First Middle (AREA CODE) TELEPHONE NUMBER

2. SOCIAL SECURITY NUMBER: DATE OF BIRTH (MM/DD/YYYY)

3. RESIDENT ADDRESS: STREET (P.O. BOX or Number, Street) CITY STATE ZIP CODE COUNTY

4. BUSINESS WHERE APPRENTICE TRAINING IS TO BE COMPLETED or BUSINESS NAME (AREA CODE) TELEPHONE NUMBER

5. BUSINESS ADDRESS: STREET CITY STATE ZIP CODE COUNTY

6. PRINT NAME OF SPONSOR (not applicable for Temporary Fitter Registrations) SPONSOR/FITTER REGISTRATION NUMBER

**7. TRAINING AND EDUCATION (T&E) FORM . FOR APPRENTICE FITTER APPLICATION ONLY:**  
**A COMPLETED T&E FORM MUST BE ATTACHED TO APPLICATION AND SIGNED BY SPONSOR.**

If form is needed, go to [www.health.state.pa.us](http://www.health.state.pa.us) Click on Hearing Aid Program, select Forms, then select Training and Education.

(Description of Work and Description of Supervision as outlined under Section 302 and Section 306 of the Hearing Aid Sales Registration Law)

# APPRENTICE AND TEMPORARY FITTER WORK EXPERIENCE

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## 8. APPRENTICE PREVIOUS OR CURRENT EMPLOYMENT IN THE HEARING AID INDUSTRY:

EMPLOYED BY

EMPLOYER'S ADDRESS

DATES EMPLOYED

From:

To:

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## 9. TEMPORARY FITTER WORK EXPERIENCE List all hearing aid related work experience, including dates, over the last five (5) years.

EMPLOYED BY

EMPLOYER'S ADDRESS

DATES EMPLOYED

From:

To:

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## 10. PREVIOUS OR PRESENT LICENSES OR REGISTRATIONS (HEARING AID DEALER, FITTER, AUDIOLOGIST, PHYSICIAN)

*(Please attach copies of all current out-of-state licenses)*

Name of State

License or Registration Number

Expiration Date

Current ?

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## 11. HAVE YOU (APPLICANT) TAKEN THE PENNSYLVANIA DEPARTMENT OF HEALTH'S HEARING AID FITTER EXAMINATION OR BEEN A PENNSYLVANIA REGISTERED APPRENTICE OR FITTER IN THE PAST?

YES  NO IF YES, DATE OF LAST EXAMINATION \_\_\_\_\_ PREVIOUS REGISTRATION NO. \_\_\_\_\_

## 12. HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? (Criminal offenses include felonies & misdemeanors, convictions Included a verdict of guilty, guilty plea or a plea of nolo contendere.)

YES  NO IF YES, LIST ALL CONVICTIONS OF FELONIES AND MISDEMEANORS-LIST EXACT COUNTY AND STATE OR GOVERNMENT WHERE CONVICTED, DATE OF CONVICTION, AND THE RESULTING PENALTY IMPOSED. (USE SEPRATE SHEET)

## 13. HAVE YOU EVER HAD A FITTER REGISTRATION/LICENSE OR SIMILAR PROFESSIONAL REGISTRATION/LICENSE PREVIOUSLY HELD FOR FITTING OR SELLING HEARING AIDS THAT HAS BEEN DENIED, SUSPENDED, REVOKED, RESTRICTED OR SUBJECTED TO ANY OTHER SANCTION FOR DISCIPLINARY REASONS BY ANY GOVERNMENT AUTHORITY IN THE UNITED STATES?

YES  NO IF YES, LIST DATE, SANCTION AND REASON. LIST GOVERNMENT AGENCY WHICH IMPOSED THE ACTION. (USE SEPRATE SHEET)

## 14. ATTACH CRIMINAL RECORD CHECK FROM PENNSYLVANIA STATE POLICE. IF NONRESIDENT OF PENNSYLVANIA OR RESIDENT LESS THAN 5 YEARS ATTACH FEDERAL FBI BACKGROUND RECORD CHECK

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I certify that ALL information provided on this application and any documents submitted with it, is true and correct to the best of my knowledge

APPLICANT NAME (Type or Print) \_\_\_\_\_

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_