

FITTER REGISTRATION RENEWAL (PLEASE PRINT CLEARLY)

RENEWAL FEE: If paying by credit card complete credit card information on reverse side or on renewal notice. If paying by check or money order make payable to the "PA. Dept of Health" and include fitter no.

Fitter Name (LAST)	(FIRST)	M.I	FITTER Registration No. F -
Fitter Home Address (street, city, zip)			Fitter Home or Cell Phone (include area code)
Business or Employer Name*			Business Phone (include area code)
Business Dealer Registration No. D – Note: All applicants must obtain or work under a current dealer registration in order to sell hearing aids.*			
Business Address (street, city, zip)			
<input type="checkbox"/> Check if Registrant prefers to have business address on certificate.			
NAME OF BUSINESS OWNER(S) or OFFICERS (If you are the owner print your name)			
Fitter or Audiologist In Charge at this location (if different from above)			
Other Hearing Aid Business Trade Names or other Employers:			

* Check if you wish to maintain your registration but will **not** be selling or distributing hearing aids in the Commonwealth of Pennsylvania. By checking this box, the aforementioned registrant is attesting that he/she understands that they may not sell or distribute hearing aids in Pennsylvania until such time as they either directly obtain a dealer registration from the Department or a currently registered dealer notifies the Department in writing that said registrant is currently employed by them. All dealerships must have a physical Pennsylvania location.

Since your last registration renewal, have you been convicted of any criminal offense? (Criminal offenses include felonies & misdemeanors. Convictions include a verdict of guilty, a guilty plea or plea of nolo contendere.)

No
 Yes (If yes, list convictions of felonies or misdemeanors (exact crime, county where convicted, date of conviction and resulting penalty imposed). Use separate sheet of paper. Attach Pennsylvania or FBI criminal background report.

Since your last registration renewal, have you had a fitter registration/license or similar professional registration/license 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?

No
 Yes (If yes, list date, sanction and reason. List government agency which imposed the action. Use separate sheet)

CONTINUING EDUCATION: Fitters MUST obtain 20 Continuing Education hours (CEUs).
Please list on reverse side Course Title, Course Sponsor (i.e. I.H.S, AAA, etc.), Dates, and Number of hours. CEUs must have been earned within 2 years of April 15 of the current renewal year.

I attest that the information on my renewal application is correct and that I have met and completed the continuing education requirements according to the Hearing Aid Sales Law, Act 262, Section 207. I understand that falsifying data may result in criminal or civil penalties.

Signature: _____ **Date:** _____

