

FITTER/APPRENTICE REINSTATEMENT APPLICATION (\$150 FEE)

NOTE: Only applicants whose previous registration was held within 5 years may be eligible to reinstate. Pay fee by check or money order payable to "Pennsylvania Department of Health" Or Credit Card.

FITTER NAME (LAST)	(FIRST)	(M.I.)	
HOME ADDRESS	CITY	STATE	ZIP CODE
EMAIL:	PHONE: ()		
Note: all applicants must obtain or work under a Pennsylvania dealer registration in order to fit and sell prescription hearing aids.			
* See note below if only reinstating applicant will not be selling aids in Pennsylvania.			
DEALER NUMBER: D-	Hearing Aid DEALER Business Name:		
OFFICE/DEALER ADDRESS:	CITY	STATE	ZIP CODE
	BUSINESS PHONE ()		
ARE YOU THE OWNER ? YES NO	Individual In Charge (if different from above)		
Previous Pennsylvania Fitter or Apprentice Registration Number: _____			
Dates previous registration was held: _____			
Reason for going inactive and approximate inactive date: _____			
(Insufficient CEUs, Sold Business, Retired, New Sponsor, Etc.)			

Check if you wish to reinstate your registration but will **NOT** be selling or distributing prescription 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 prescription 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.

Complete if paying by CREDIT CARD: (VISA MC DISCOVER AE)
 # _____ EXP DATE ____/____/____ TOTAL \$ _____
 _____ ZIP CODE, associated with credit card

PLEASE LIST ANY OTHER RELATED LICENSES/REGISTRATIONS HELD (In Pennsylvania or in another state. Examples include Hearing Aid Dealer, Fitter, Hearing Aid Dispenser, Audiologist, etc.,. Attach additional paper if needed.) **or CHECK** **NONE**

License or Registration Number	Date Issued	State	Exp. Date
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1. ATTACH A RECENT PENNSYLVANIA OR FEDERAL CRIMINAL BACKGROUND CHECK WITH APPLICATION (In-state residents may obtain from PA state police. (www.psp.pa.gov) If nonresident of PA or resident less than 5 years, state police background checks from all states in which applicant had resided in last 5 years.

2. SINCE YOUR LAST REGISTRATION, HAVE YOU BEEN CONVICTED OF A CRIMINAL OFFENSE OR RECENTLY BEEN CHARGED WITH A 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 details of convictions or pending charges on separate paper)

3. HAS THERE BEEN ANY LEGAL ACTION OR SANCTIONS TAKEN AGAINST ANY OF YOUR HELD OR PREVIOUSLY HELD PROFESSIONAL REGISTRATIONS/LICENSES IN THE PAST FIVE YEARS?

(Legal actions include but are not limited to actions taken by PA Attorney General’s Office, Department of Health, Department of State , State Board, or by another U.S State.) NO YES

(If YES, list actions taken against your license/registration on separate sheet of paper.)

FITTERS ONLY: CONTINUING EDUCATION (PLEASE PRINT CLEARLY)

Fitters MUST obtain 20 Continuing Education hours (CEUs) prior to registration reinstatement. Please list Course Title, Course Sponsor (ie I.H.S, AAA, etc.), Dates, and Number of hours. (use separate sheet if necessary). CEUs must have been earned within 2 years of application.

COURSE TITLE	COURSE NO. or COURSE SPONSOR	DATE MONTH/DAY/YEAR	TOTAL C.E. HRS

TEMPORARY FITTERS ONLY Temporary Fitters, must have practiced within 5 years, and must attach copy of their license from other state or if applicable, PA audiologist license. Temporary fitters that have already renew a temporary fitter registration twice are not eligible for reinstatement.

APPRENTICES ONLY Apprentices must have a current registered hearing aid fitter sponsor and must **attach a completed and signed training and education agreement** by said sponsor. Apprentices that have already renew an apprentice registration twice are not eligible for reinstatement.

I attest that the information on this reinstatement application is true and accurate.

_____ (signature)

_____ (date)