PENNSYLVANIA DEPARTMENT OF HEALTH/
BUREAU OF COMMUNITY PROGRAM LICENSURE & CERTIFICATION, HEARING AID PROGRAM,
555 WALNUT ST, 7TH FLOOR FORUM PLACE, HARRISBURG, PA 17101.
PHONE: 717-783-8078. FAX 717-787-3188 ALT PHONE 717-787-4779. ALT FAX 717-736-7355
GENERAL INFORMATION AND FORMS ARE AVAILABLE THROUGH WEBSITE: WWW.HEALTH.STATE.PA.US/hearingaid

H114.600-A(rev. 01/2019)

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. DO NOT SEND CASH

Fitter Name (LAST)	(FIRST)		(M.I.)
Home Address	City	State Zip Code	Phone ( )
Hearing Aid Business Name:	**DEALER NUMBER:** Note: all applicants must obtain or work under a dealer registration in order to sell hearing aids.*		
Hearing Aid Business Address	City	State Zip Code	Phone( ) Fax ( )
Individual In Charge (if different from above)	ARE YOU THE OWNER ? YES NO		

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.)

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

_ _ _ _- _ _ _ _- _ _ _ _-_ _ _ _ EXP DATE _ _/_ _ TOTAL $ _____

Zip code Associated with credit card__ __ __ __ __

*☐ Check if you wish to reinstate 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, HAVE YOU BEEN CONVICTED OF 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 ON SEPARATE PAPER)

SINCE YOUR LAST REGISTRATION, HAS THERE BEEN ANY LEGAL ACTION TAKEN AGAINST ANY OF YOUR PROFESSIONAL REGISTRATIONS/LICENSES?* (Legal actions include but are not limited to actions taken by the State Attorney General's Office, PA Department of Health, or the Department of State)
☐ NO ☐ YES (IF YES, LIST ACTIONS TAKEN AGAINST YOUR LICENSE/REGISTRATION ON SEPARATE SHEET OF PAPER.)

ATTACH A RECENT PENNSYLVANIA OR FEDERAL CRIMINAL BACKGROUND CHECK WITH APPLICATION
(in state residents may obtain from PA state police. 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.

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.) **or CHECK ☐ NONE**

License or Registration Number	Date Issued	State	Exp. Date

If you hold/held another hearing aid professional registration/ license in PA or another state, has there been any legal action taken against this registration/license?
☐ NO ☐ YES (IF YES, LIST ACTIONS TAKEN AGAINST YOUR LICENSE/REGISTRATION.) USE A SEPARATE SHEET OF PAPER ATTACH PA OR STATE CRIMINAL BACKGROUND REPORT.

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 been practicing for at least 2 of the last 5 years and hold a license or registration in good standing in another state. Temporary Fitters must attach documentation related to such including but not limited to a copy of their other state license/registration. **Temporary fitters that have already renew a Pennsylvania 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 a Pennsylvania apprentice fitter registration twice are not eligible for reinstatement.**

I attest that the information on my reinstatement application is correct. Additionally, if a hearing aid fitter, I have met and completed the continuing education requirements according to the Hearing Aid Sales Law, Act 262, Section 207 or if apprentice fitter, I have the appropriate required supervision. I understand that falsifying data may result in criminal or civil penalties including but not limited to revocation of my registration.

_____ _____

(signature) (date)