

PENNSYLVANIA DEPARTMENT OF HEALTH
DEALER RENEWAL REGISTRATION-PRESCRIPTION HEARING AIDS

MAIL FORM TO: PENNSYLVANIA DEPARTMENT OF HEALTH -HEARING AID PROGRAM
2525 North 7TH STREET, SUITE 210D, HARRISBURG, PA 17110.

OR FAX (717-231-4790), OR EMAIL FORM (--SCANNED AS PDF) to : RA-DDC@pa.gov

Please print clearly and complete form entirely. Questions- Phone 717-787-4779 or email ra-ddc@pa.gov
RENEWAL FEE: \$100 for main office, \$10 additional for each branch office. If paying by credit card, then complete credit card information below. If paying by check, please make payable to the "PA. Dept of Health" & include dealer no.
NOTE: CHANGE IN OWNERSHIP REQUIRES NEW DEALER APPLICATION

Dealer Business Name: Dealer No.
Other Business Trade Name (if applicable) Fitter No. (if applicable)
Main Address (must be in Pennsylvania)
City State Zip Code Phone (include Area Code)
Mailing Address( if different)
City State Zip Code Phone (include Area Code)
Business owner name or CEO: Print Name and Title (if person completing form is not owner)
Signature\*:
Email: Date (required)

\* By Signing this form, the person as noted above attests the information is accurate on dealer renewal application submitted to PA. Dept of Health

PROFESSIONAL EMPLOYEE INFORMATION (PLEASE PRINT CLEARLY)

Section 102(b) of Act 262, the Hearing Aid Sales Registration Law, requires all hearing aid fitters and dealers to file annually a list of ALL professional hearing aid dispensers including registered hearing aid fitters and apprentices, licensed audiologists, etc. directly or indirectly employed. List names of employee(s) (e.g., fitter, audiologist, physician, apprentice, temporary apprentice fitter) and Registration or License Number. (Attach additional sheets if necessary)

Table with 3 columns: NAME (required)-- MUST list at least one PA. licensed or registered Physician, Audiologist or Fitter; REGISTRATION/ LICENSE NO.; DATE HIRED

Dealers and fitters are to notify the Department of Health within 15 days, IN WRITING, of any changes of address, additions or deletions of branch offices and hiring or discharge of registered fitters or apprentices.

PAYMENT: Complete if paying by CREDIT CARD: ( VISA MC DISCOVER AE ) Billing Zip code # EXP DATE TOTAL \$ Security Code (3 Digit Code or number on back of credit card located in the signature block)

COMPLETE REVERSE SIDE FOR BRANCH RENEWAL INFORMATION

## **BRANCH OFFICE INFORMATION**

List complete address and phone numbers of each registered branch office. Registration is required for ALL branch offices, including motel & hotel locations. Submit additional payment for unregistered or new branches (\$10 each branch) use additional sheets if necessary List **ALL** business names under which you are operating. (Use additional sheets if necessary)

Branch Name		Registration No.	
Address			
City	State	Zip Code	
Phone (include are code)		Branch Office (OPEN/CLOSED/NEW)	
Licensed or Registered Professional Individual in Charge			

Branch Name		Registration No.	
Address			
City	State	Zip Code	
Phone (include are code)		Branch Office (OPEN/CLOSED/NEW)	
Licensed or Registered Professional Individual in Charge			

Branch Name		Registration No.	
Address			
City	State	Zip Code	
Phone (include are code)		Branch Office (OPEN/CLOSED/NEW)	
Licensed or Registered Professional Individual in Charge			

Branch Name		Registration No.	
Address			
City	State	Zip Code	
Phone (include are code)		Branch Office (OPEN/CLOSED/NEW)	
Licensed or Registered Professional Individual In Charge			

FORM IS AVAILABLE ON THE DEPARTMENT WEBSITE: [WWW.HEALTH.STATE.PA.US/HEARINGAID](http://WWW.HEALTH.STATE.PA.US/HEARINGAID)

**FAX/EMAIL: MAKE SURE BOTH SIDES ARE SCANNED/FAXED. EMAIL MUST BE SENT AS A PDF**

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