

PENNSYLVANIA DEPARTMENT OF HEALTH/  
 MAIL, FAX 717-231-4790, OR EMAIL (emailed documents must be scanned as PDF) to [RA-DDC@PA.GOV](mailto:RA-DDC@PA.GOV)  
 MAIL: PENNSYLVANIA DEPT. OF HEALTH, HEARING AID PROGRAM  
 2525 North 7<sup>TH</sup> STREET, SUITE 210D, HARRISBURG, PA 17110

Questions: PHONE: 717-787-4779 or email [RA-DDC@pa.gov](mailto:RA-DDC@pa.gov)

GENERAL INFORMATION AND FORMS ARE AVAILABLE THROUGH WEBSITE: [WWW.HEALTH.STATE.PA.US/hearingaid](http://WWW.HEALTH.STATE.PA.US/hearingaid)

(Rev. 11/2022)

## **FITTER REGISTRATION RENEWAL** (PLEASE PRINT CLEARLY)

*CEU/Continuing education credits- List on page 2. RENEWAL FEE: \$100. Late fee \$50. If paying by credit card complete credit card information on page 2. If paying by check or money order, make payable to the "PA. Dept of Health" and include fitter no.*

<b>Fitter Name (LAST)</b>	<b>(FIRST)</b>	<b>Suffix</b>	<b>FITTER Registration No.</b> F -
---------------------------	----------------	---------------	---------------------------------------

**Fitter Home Address. Please note Street address, City ,Zip Code**

<b>Fitter email</b>	<b>Fitter cell Phone (include area code)</b>
---------------------	--

Check if Registrant prefers to have Pennsylvania Dealer business address printed on certificate.

All applicants must obtain or work under a current PA. registered dealership in order to fit/sell prescription hearing aids\*

<b>PA. Dealer Business or Employer Name*</b> (required unless checking box*)	<b>Business Phone (include area code)</b>
--	---

**Business Dealer Registration No.\* D-** (required unless checking box\*)-

**Business Address (street, city, zip)**

**NAME OF BUSINESS OWNER(S) or OFFICERS**( If you are the owner print your name )

**Other Hearing Aid Business Trade Names or other Employers:**

\* Check if you wish to maintain your registration but will **NOT** be selling or distributing prescription hearing aids in Pennsylvania. By checking this box, the aforementioned registrant is attesting that he/she understands that they may not sell or dispense 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 PA. location.

**1. 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)

**2. 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.)

**CONTINUING EDUCATION: Fitters MUST obtain 20 Continuing Education hours (CEUs).**

*PLEASE LIST ON PAGE 2 -Course Title, Course Sponsor (i.e. I.H.S, AAA, etc.), Dates, and Number of hours. CEUs must have been earned within 24 months of April 15 of the current renewal year. (i.e. between April 16, two years prior, and April 15 current 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 including but not limited to revocation of my registration.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

