



OKLAHOMA
State Department
of Health

Oklahoma State Department of Health
Consumer Health Services
PO Box 268815
OKC, OK 73126-8815
Telephone: 405.426.4250 Fax: 405.900.7557
Website: Oklahoma.gov/health/CHS

OUT-OF-STATE LICENSE VERIFICATION (Hearing Aid Dealer and Fitter)

SECTION 1: APPLICANT

(This section to be completed by applicant.)

Applicant Name: _____
Last First Middle

Home Address: _____
Street Address

City State Zip

Phone #: _____ Social Security #: _____ Date of Birth: _____

Credential Held: _____

SECTION 2: STATUS

(This section to be completed by regulatory agency granting license.)

Credential Title: _____

License #: _____

Issued Date: _____ Expiration Date: _____

In good standing? ☐ Yes ☐ No

If 'no', please
briefly state reason: _____

SECTION 3: TEST

Did the applicant pass the IHS ILE examination to receive licensure? ☐ Yes ☐ No

Did the applicant pass a practical examination to receive licensure? ☐ Yes ☐ No

If 'yes', which of these components were tested?

Audiometric ☐

Ear Impressions ☐

CERTIFICATION STATEMENT: *I certify that the information provided on this form is true and correct to the best of my knowledge.*

Name: _____
Last First Title

Name of Agency: _____

Signature: _____ Date: _____

Please return this form to Consumer Health Service by email or mail to the address at the top of the form.