



Oregon Health Licensing Agency

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Salem, Oregon 97301-1287
(503) 378-8667
TTY: (503) 373-2114
Fax: (503) 370-9004
Web Site: http://www.oregon.gov/OHLA
E-Mail: ohla.info@state.or.us

Table with application fees: Application Fee (1269) \$ 50, Examination Fee (1260) \$ 300, Temporary License (1781) \$ 50, Audiologist Exam (1294) \$ 30. Includes fields for AMOUNT REC'D, INT, CSH/ V/ MC/ CK/ MO, OTC, and license #.

Advisory Council on Hearing Aids

APPLICATION FOR PERMANENT / TEMPORARY HEARING AID SPECIALIST LICENSE

COMPLETE ALL PARTS OF THIS FORM. PLEASE TYPE OR PRINT IN BLUE OR BLACK INK. If you have questions, please call the Health Licensing Agency. Incomplete applications will be returned. Use N/A to indicate information that is not applicable.

Form with fields for Name (First, Middle, Last), Date of Birth, Sex (Male/Female), Social Security #, Residence Address, City, State, Zip Code, Mailing Address, Home Telephone, Business Telephone, Business Name, and Business Address.

- I am applying for temporary hearing aid specialist license only. I have enclosed the required documents/fees listed and the declaration of responsibility signed by my supervisor. Date I will begin
I am applying for licensure by examination. I have enclosed the required documents / fees listed.
I am applying for a temporary hearing aid specialist license and examination. I have enclosed the required documents/fees listed and the declaration of responsibility signed by my supervisor. Date I will begin

DISCIPLINARY ACTION QUESTION

Yes No Are you now, or have you ever been, the subject of any active or inactive disciplinary action or voluntary resignation of a certificate, license, permit or registration imposed by any licensing or regulatory authority in this or any other state? (Disciplinary action includes, but is not limited to probation; civil penalties; limiting, in any way, of a license, certificate, registration or permit.)

If you answered yes to the question above you must enclose a complete explanation of the circumstances and provide any additional documentation that will clarify the matter. (Please provide this on a separate sheet of paper)

As part of your application for an initial or renewed occupational, professional or recreational license, certification, or registration issued by the Health Licensing Agency, you are required to provide your Social Security Number to the Health Licensing Agency. This is mandatory. The authority for this requirement is ORS 25.785, ORS 305.385, 42 USC §405(c)(2)(C)(i), and 42 USC § 666(a)(13). Failure to provide your Social Security Number will be a basis to refuse to issue or renew the license, certification, or registration you seek.

I have examined this application and attached documents, and certify that they are true, correct and complete. I understand that knowingly making a false statement in this application will be cause for denial, suspension, or revocation of this registration. I have enclosed the required fees and documentation. I understand my application may be subject to a criminal background check. I authorize the use of my Social Security number for that purpose. If registered to practice in Oregon, I will comply with the laws and rules adopted by the Agency.

Signature of Applicant

Date