

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HEALTH

**APPLICATION FOR PRESCRIPTION HEARING AID  
APPRENTICE OR TEMPORARY FITTER REGISTRATION**

**HEARING AID SALES REGISTRATION LAW (ACT of 1976, No. 262)/PRESCRIPTION HEARING AIDS**

Type or print all answers to all questions. Use "Not Applicable" (N/A) where appropriate. Pay fee by check or money order payable to "Pennsylvania Department of Health.", or credit card payment. DO NOT SEND CASH. Complete and return application along with correct fee to:

**PENNSYLVANIA DEPARTMENT OF HEALTH, HEARING AID PROGRAM,  
2525 North 7<sup>th</sup> STREET, SUITE 210D, HARRISBURG, PA 17110**

Phone: 717-787-4779. Fax 717-231-4790 or SCAN application and all required documents as PDF and email to: [RA-DDC@PA.GOV](mailto:RA-DDC@PA.GOV)

The Act does not apply to nor affect any physician, or audiologist licensed under appropriate licensing laws, or to an individual supervised by such physician, or audiologist, who does not directly or indirectly engage in the sale or offering for sale of hearing aids. Registration is required when such persons engage in the sale or offering for sale of hearing aids. Only current registered Pennsylvania Hearing Aid Fitters may sponsor an apprentice hearing aid fitter.

You may access this form and other registration forms via [www.health.state.pa.us/hearingaid](http://www.health.state.pa.us/hearingaid) or [www.health.pa.gov](http://www.health.pa.gov)

(CHECK APPROPRIATE BLOCK)

APPRENTICE FITTER REGISTRATION

TEMPORARY HEARING AID FITTER

**Attach** copy of out-of-state license or PA Audiologist License.

Note, must have held valid registration or license for at least 2 years out of last 5 years and such registration/license was held in good standing.

**REGISTRATION FEES INFORMATION**

Apprentice Fitter Registration .....	\$ 50.00
Temporary Hearing Aid Fitter .....	\$ 50.00
Apprentice/Temporary Fitter Renewal .....	\$100.00
Late Registration Fee Penalty.....	\$ 50.00

**NOTE: REINSTATEMENTS AND DEALER REGISTRATION REQUIRES DIFFERENT FORM**

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

# \_ \_ \_ - \_ \_ - \_ \_ \_ \_ \_ EXP DATE \_ / \_ / \_ TOTAL \$ \_\_\_\_\_  
Security Code \_ \_ \_ \_ (3-4 Digit Code on back of card) Billing Zip Code \_ \_ \_ \_ \_

**APPLICATION FOR HEARING AID APPRENTICE FITTERS OR TEMPORARY FITTERS  
(PLEASE PRINT CLEARLY, COMPLETELY, AND ENSURE REQUIRED DOCUMENTS ARE ATTACHED)**

1. NAME: Last			First	Middle	(AREA CODE) TELEPHONE NUMBER			
2. a. SOCIAL SECURITY NUMBER:				b. DATE OF BIRTH (MM/DD/YYYY)		EMAIL:		
3. RESIDENT ADDRESS:		STREET (P.O. BOX or Number, Street)			CITY	STATE	ZIP CODE	COUNTY
4. PRINT NAME OF BUSINESS/DEALER ( PA. location where Apprentice will train or Temporary will practice)					PA. DEALER REGISTRATION NUMBER			
5. BUSINESS ADDRESS:		STREET	CITY	STATE	ZIP CODE	(AREA CODE) TELEPHONE NUMBER		
6. APPRENTICE APPLICANTS ONLY--PRINT <u>NAME</u> OF SPONSOR FITTER & THEIR FITTER <u>REGISTRATION #</u> ( must be current PA. Hearing Aid Fitter )								

**7. Apprentice Applicants only--TRAINING AND EDUCATION (T&E) FORM.**

**A COMPLETED T&E FORM MUST BE ATTACHED TO APPLICATION AND SIGNED BY SPONSOR.**

If form is needed, go to [www.health.state.pas.us/hearingaid](http://www.health.state.pas.us/hearingaid) or [www.health.pa.gov](http://www.health.pa.gov). Click on Hearing Aid Program, select Forms, then select Training and Education. (Description of Work and Description of Supervision as outlined under Section 302 and Section 306 of the Hearing Aid Sales Registration Law). Must be signed by a current registered Pennsylvania Fitter (not temporary fitter, dealer, or audiologist without a separate individual fitter registration)

# APPRENTICE AND TEMPORARY FITTER WORK EXPERIENCE

## 8. APPRENTICE APPLICANT- NOTE PREVIOUS OR CURRENT EMPLOYMENT IN THE HEARING AID INDUSTRY:

<u>EMPLOYED BY</u>	<u>EMPLOYER'S ADDRESS</u>	<u>DATES EMPLOYED</u>	
		From:	To:
_____	_____		
_____	_____		
_____	_____		

## 9. TEMPORARY FITTER-- WORK EXPERIENCE: List all hearing aid related work experience, including dates, over the last five (5) years. (Ensure out of state fitter license or PA. audiologist license is attached.)

<u>EMPLOYED BY</u>	<u>EMPLOYER'S ADDRESS</u>	<u>DATES EMPLOYED</u>	
		From:	To:
_____	_____		
_____	_____		
_____	_____		

## 10. PREVIOUS OR PRESENT LICENSES OR REGISTRATIONS (HEARING AID DEALER, FITTER, AUDIOLOGIST, PHYSICIAN)

<i>(Please attach copies of all Pennsylvania or out-of-state license/registration)</i>			
Name of State	License or Registration Number	Expiration Date	Current ?
_____	_____	_____	_____

## 11. HAVE YOU (APPLICANT) TAKEN THE PENNSYLVANIA DEPARTMENT OF HEALTH'S HEARING AID FITTER EXAMINATION OR BEEN A PENNSYLVANIA REGISTERED APPRENTICE OR FITTER IN THE PAST?

YES  NO IF YES, DATE OF LAST EXAMINATION \_\_\_\_\_ PREVIOUS REGISTRATION NO. \_\_\_\_\_

## 12. HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? (Criminal offenses include felonies & misdemeanors, convictions Included a verdict of guilty, guilty plea or a plea of nolo contendere.)

YES  NO IF YES, LIST ALL CONVICTIONS OF FELONIES AND MISDEMEANORS-LIST EXACT COUNTY AND STATE OR GOVERNMENT WHERE CONVICTED, DATE OF CONVICTION, AND THE RESULTING PENALTY IMPOSED. (USE SEPRATE SHEET)

## 13. HAVE YOU EVER HAD A FITTER REGISTRATION/LICENSE OR SIMILAR PROFESSIONAL REGISTRATION/LICENSE PREVIOUSLY HELD FOR FITTING OR SELLING HEARING AIDS THAT HAS BEEN DENIED, SUSPENDED, REVOKED, RESTRICTED OR SUBJECTED TO ANY OTHER SANCTION FOR DISCIPLINARY REASONS BY ANY GOVERNMENT AUTHORITY IN THE UNITED STATES?

YES  NO IF YES, LIST DATE, SANCTION AND REASON. LIST GOVERNMENT AGENCY WHICH IMPOSED THE ACTION. (USE SEPRATE SHEET)

## 14. REQUIRED for all : ATTACH CRIMINAL RECORD CHECK FROM PENNSYLVANIA STATE POLICE ([www.psp.pa.gov](http://www.psp.pa.gov)). IF NONRESIDENT OF PENNSYLVANIA OR RESIDENT LESS THAN 5 YEARS, STATE POLICE BACKGROUND CHECKS FROM ALL STATES IN WHICH APPLICANT HAD RESIDED IN LAST 5 YEARS OR FEDERAL FBI BACKGROUND. (i.e. Residing in New Jersey and Maryland, then both New Jersey State Police and Maryland State police background checks)

I certify that ALL information provided on this application and any documents submitted with it, is true and correct to the best of my knowledge. I have attached my criminal background check and my training and education agreement.

APPLICANT NAME (Type or Print) \_\_\_\_\_

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

# APPRENTICE TRAINING AND EDUCATION OUTLINE/AGREEMENT

FOR APPRENTICE \_\_\_\_\_ (name of trainee)

## IN ACCORDANCE WITH ACT 262, SECTION 302 and SECTION 306, THE FOLLOWING TRAINING WILL BE PROVIDED BY THE SPONSOR NAMED BELOW.

1. The anatomy and physiology of the ear
2. The function of hearing aids
3. The knowledge and understanding of the grounds for revocation, suspension or probation of the registrant as outlined in this act.
4. The knowledge and understanding of violations and penalties as outlined in this act.
5. The procedures and use of equipment established by the department for the fitting and selling of hearing aids.
6. Taking ear mold impressions.
7. Evidence of knowledge regarding the medical and rehabilitation facilities for children and adults that are available in the areas served.
8. A knowledge of criteria for medical referral when found to exist either from observation by the registrant or on the basis of information furnished by the prospective hearing aid user to include the following:
  - i. Visible congenital or traumatic deformity of the ear.
  - ii. Active drainage of the ear within the previous 90 days or history of this symptom.
  - iii. Sudden or rapidly progressive hearing loss within the previous 90 days or history of this symptom.
  - iv. Acute or chronic dizziness.
  - v. Unilateral hearing loss of sudden or recent onset within the previous 90 days.
  - vi. Visible evidence of cerumen accumulation or a foreign body in the ear canal
  - vii. Pain in the ear within the previous 90 days.

**PERIOD 1.** The trainee shall work for two months under the immediate direct and personal supervision of, and in the same office as the sponsor fitter registrant. During this stage, the trainee may do testing for the proper selection and fitting of hearing aids and make ear impressions, but the final testing and final fitting for the sale of a hearing aid must be approved by the sponsor fitter registrant.

**PERIOD 2.** This training stage shall be for a minimum of four months but is automatically extended to include any period beyond four months in which a trainee/apprentice holds an active apprentice registration. During this time the trainee may engage in all the activities of a fitter registrant, but shall continue to work under the direct supervision of the sponsor fitter registrant and have work reviewed. The Sponsor fitter will continue to be responsible for all work including but not limited to all fitting and sales by the apprentice fitter. The Sponsor fitter will continue to provide training as needed. The Sponsor will ensure only apprentices/trainees with current active registrations are permitted to fit and sell.

These two periods described above shall be completed with no time lapse between periods except as authorized by the Department for justifiable cause shown by the trainee or sponsor or both.

**The apprentice fitter shall always clearly identify themselves to consumers as an apprentice or trainee.**

**AS THE HEARING AID FITTER SPONSOR, I acknowledge that I am responsible for the training and education of the aforementioned apprentice and agree to work diligently to properly train and education this apprentice. I understand that I am responsible for any related fitting, services, or hearing aid sales performed by said apprentice. I understand that if I desire to terminate responsibilities with regard to an apprentice, I shall give the apprentice 10 days written notice of the reasons for the action and SHALL NOTIFY THE DEPARTMENT at the same time by certified mail**

\_\_\_\_\_  
Signature of Sponsor

\_\_\_\_\_  
Fitter No.

\_\_\_\_\_  
Date

*Submit with fee and apprentice application and criminal background check*