



John R. Kasich
Governor

APPLICATION TRAINEE PERMIT

§4747.01 to §4747.15, inclusive, and §4747.99 Ohio Revised Code

For Board Use Only	REV CODES 1270 (permit) & 1272 (duplicates)
Date Rec'd _____ Date Issued /Mailed _____ H B Permit No. _____	
Amount \$ _____ Check MO # _____ Split _____	
Duplicates _____ Other Licenses Verified _____ Other Action _____	

PRINT in ink.

APPLICANT'S FULL NAME	SOCIAL SECURITY NUMBER	DATE OF APPLICATION
HOME ADDRESS	CITY/STATE/ZIP	HOME PHONE
HOME/PERSONAL EMAIL	DATE OF BIRTH	CELL PHONE
<i>In addition to your employer's primary business location, list all locations where you will work as a Hearing Aid Dealer/Fitter Trainee. If necessary, additional locations should be listed on a separate sheet of paper.</i>		
EMPLOYER BUSINESS NAME & PRIMARY LOCATION ADDRESS	CITY/STATE/ZIP	↑ LICENSE NUMBER ↑ EXPIRATION DATE
EMAIL for THIS Business Location		THIS Location's PHONE
NAME/ADDRESS OF ADDITIONAL BUSINESS LOCATION	CITY/STATE/ZIP	THIS Location's PHONE
EMAIL for THIS Business Location	@	.

2. PERSONAL DATA

Did you graduate from high school? Yes No **Name, city and state** of school: _____

If no, have you passed an equivalency program or test? Yes No If yes, **date and state**: _____

Circle **last** grade of school or year of college completed (12 = high school diploma):

School 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4 Post graduate 1 2 3 4+

Name and address of school **last** attended _____

Have you ever held a trainee permit or Individual or Business license from Ohio? Yes No
If yes, which license(s) and/or permit(s) - and license number(s) _____

Do you presently hold a trainee permit and/or Individual and/or Business license to fit and dispense hearing aids in any location(s) other than Ohio?
 Yes No If yes, list location(s) and permit/license number(s) _____

Have you ever been convicted of a felony or misdemeanor other than a minor traffic offense? Yes No
If YES, attach your detailed written explanation of the conviction(s) AND a CERTIFIED COPY of verdict and sentencing from the court.

Have you ever been denied any kind of training or temporary permit and/or an Individual and/or Business license by Ohio, another state, country or province?
 Yes No If yes, list location(s) and permit(s)/license(s) applied for but denied: _____
Attach a written explanation of your understanding of the denial(s) AND a copy of the denial(s) from the denying entity(s).

3. List employment information in hearing aid business for at least last five (5) years – start with most recent employment first.

Dates of employment	Position	Name and address of employer	Phone
From			
To			
From			
To			
From			
To			

4. List names, complete addresses, email and phone numbers of three people, other than relatives or employers, who have known you for two years or more and have knowledge of your character.

Name	Address/City/State/Zip	Phone/Email

5. APPLICATION MUST BE ACCOMPANIED BY A PHYSICIAN’S STATEMENT AS TO WHETHER THE TRAINEE APPLICANT IS “FREE FROM CONTAGIOUS DISEASE”.

Any false statement contained in this application is sufficient grounds for denial or revocation of license. (Ohio Revised Code 4747.12, 4747.14)

AFFIDAVIT

STATE OF _____, COUNTY OF _____

_____ BEING FIRST DULY SWORN, STATES THAT THE UNDERSIGNED
Print Notary’s name
 ARE THE APPLICANT AND HIS/HER NAMED SUPERVISOR, AND THAT THE STATEMENTS IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION AND BELIEF.

PRINT Trainee Permit Applicant’s NAME	SIGNATURE of Trainee Permit Applicant	Date
Trainee SUPERVISOR’s License Number:	I, _____ assume full (PRINT name of SUPERVISOR)	
Address/City/State/Zip	responsibility for all activities of this applicant which are subject to regulation by Section 4747 of the Ohio Revised Code, its associated regulation and all rulings of the Hearing Aid Dealers and Fitters Licensing Board.	
Phone	_____	
Email	Signature of Supervisor	Date

SWORN TO BEFORE ME AND SUBSCRIBED
 IN MY PRESENCE THIS _____ DAY OF _____, 20_____

OFFICIAL SEAL OF NOTARY SIGNATURE OF NOTARY _____

EXPIRATION OF COMMISSION _____

Permit fee \$150.00 + Duplicate fees if needed (\$16 ea. X No. needed) \$ _____ = \$ _____ Total Enclosed

CHECKLIST BEFORE MAILING:

- Application is **complete** – signed by applicant AND supervisor PLUS notarized? All signatures must be **original**.
- Physician’s statement enclosed?
- Certified copy(s) of Convictions, Copy(s) of Denials, and your written explanations enclosed?
- Check or money order* for **\$150.00 + Duplicate Fees**, if needed - payable to “Treasurer – State of Ohio” enclosed?
**Payments for permit and duplicates may be combined in one check now OR duplicates may be ordered separately later.*
- MAIL TO: Ohio Hearing Aid Dealers and Fitters Licensing Board, PO Box 15278, Columbus OH 43215-0278**