



State of Ohio
John R. Kasich
Governor

APPLICATION - LICENSE RENEWAL **2015-2016** INDIVIDUAL

Your license will expire on January 30, 2015.
Questions? Write hearing@odh.ohio.gov or Call 614-466-5215

TYPE or PRINT in ink. Only original form and signature can be accepted. Current License Number _____

First Name _____ Middle Name _____ Last Name _____ Preferred Email _____

Address _____ City _____ State _____ Zip Code _____

Home Area code and Telephone _____ Work Area Code and Telephone _____ Secondary Email _____

Employer/Business Name and DBA _____ Business License No. _____ Address _____ City _____ State _____ Zip Code _____

Employer/Business Name and DBA _____ Business License No. _____ Address _____ City _____ State _____ Zip Code _____

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ATTACH A SHEET IF YOU NEED TO LIST MORE WORK LOCATIONS. ALL WORK LOCATIONS MUST BE SUBMITTED.

The following questions must be completed before a license may be renewed. WRITE Yes or No.

? _____ 1. I have met, or will meet by January 30, 2015, the requirement of **ten** hours of continuing education including **one** hour in "ethics or Ohio state law".
The renewal applicant, in Ohio, another state, the U.S.A., a U.S. territory, province or another country, has been convicted of, found guilty of, pled guilty to, pled no contest to, or received treatment in lieu of conviction for:

? _____ 2. A misdemeanor rated greater than "minor"? Court of Record _____ Case No. _____

? _____ 3. A felony? Felony Rating: _____ Court of Record: _____ Case No. _____

? _____ 4. A violation of any municipal, state, county or federal drug law? Court of Record: _____ Case No. _____

The renewal applicant, in Ohio, another state, U.S.A., U.S. territory, province, or another country has:

? _____ 5. Active health care related license(s) in addition to his/her license to fit/sell hearing aids in Ohio?
Licensing Entity(s) & No(s). _____

? _____ 6. Been denied license(s) in ANY occupation, including health care related occupations?
Licensing Entity(s) & Case No(s). _____

? _____ 7. Voluntarily surrendered and/or had ANY license, including health care related license(s), revoked, suspended, restricted, or placed on probation?
Licensing Entity(s) & No(s). _____

? _____ 8. Participated in an "alternative-to-discipline" program and did NOT successfully complete the program?
Entity(s) and License No(s). _____

For any "Yes" answer other than No. 1, you MUST ATTACH a detailed explanation AND copies of Court Verdict(s) and Sentencing Record(s).

1. If you hold an Individual and a Business License, you must complete the correct application for each.

2. Enclose correct fees (see below) per license - **Check or Money Order, Payable to "Treasurer, State of Ohio."**

3. Indicate number of duplicates needed - \$16.00 each. (A license must be posted at EVERY location where you fit/sell hearing aids.)

4. Return completed original form and payment to:
Ohio Hearing Aid Dealers & Fitters Licensing Board, Box 15278, Columbus OH 43215-0278

If postmarked on or before:	FEE	Rev Codes
January 30, 2015	\$157.00	1251
February 31, 2015	\$183.00 + documentation of continuing education	1253
On or After March 1, 2015	\$210.00 + documentation of continuing education	1253

*Late applications **must** include verification of ten (10) hours of approved continuing education including one hour in "ethics or Ohio state law". This office must receive your **original** renewal application. Continuing Education documents ONLY may be emailed or faxed: hearing@odh.ohio.gov FAX 614-564-2484

Keep a Copy of this Form for your Records.

License Fee \$ _____
(Rev Code 1251 **OR** 1253)

Number of Duplicates _____
X \$16.00 each = \$ _____
(Rev Code 1252)

TOTAL FEES
ENCLOSED
\$ _____

VERIFICATION - MUST BE SIGNED BY APPLICANT TO COMPLETE RENEWAL PROCESS: I verify all information on this form and any attachment(s) is true and accurate. Misrepresentation may result in disciplinary action under R.C. Section 4747.12.

SIGNATURE _____ SS# _____

Provision of your social security number is mandatory (RC3123.50) and may be provided for child support enforcement purposes, reporting requirements to the Healthcare Integrity and Protection Bank (42USC552a and 45CFRpt61) and to facilitate the processing of your license. **INCOMPLETE FORMS WILL BE RETURNED TO SENDER - LATE FEE/REQUIREMENTS WILL APPLY.**

HEA0709 (Rev 11/29/2014)
Renewal 15-16 Ind hea0709

For Office Use ONLY MO/Check No. _____ Date of Check _____ Date of Deposit _____

Payer _____ Split? _____

REV CODES DUPLICATES = 1252 ON TIME = 1251 LATE = 1253