



John R. Kasich
Governor

Initial (1st) Examination Application

PRINT CLEARLY in ink, illegible forms will be returned - exam not scheduled

Last Name	First Name	License Number
Home Address	City/State	Middle Initial
EMAIL	Home or CELL PHONE (Circle One)	Zip
WHICH EXAM(S): No fee for initial Exam (OLR & Practical) I.H.S. notifies applicants of ILE fees / instructions / locations through email <input type="checkbox"/> Ohio Law and Rules (OLR) <input type="checkbox"/> Practical Exam	Trainee Permit Number AND Expiration Date (if applicable)	
Employer - Business Name/Address	City/State	Zip
Business EMAIL	Business PHONE	Supervisor License No.
Trainee Supervisor's NAME (if applicable)	Trainee Supervisor's EMAIL	Supervisor Phone No.

Pursuant to Sections 4747.04, 4747.05, 4747.08 and 4747.10 of the Ohio Revised Code and Section 4747-1-09 of the Ohio Administrative Code. I understand that each exam must be re-taken in its entirety.

Requested Date of Exam	SIGNATURE
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Board Use Only

Rec'd _____ Amt \$ _____

Check MO No. _____

Receipt No. _____

Split _____

Confirmation sent:

Email H B Date _____

US Post H B Date _____

This completed *Application to take Examination* must be received by the Board thirty (30) days prior to the requested exam date.

SEND TO:
Ohio Hearing Aid Dealers and Fitters Licensing Board
PO Box 15278
Columbus OH 43215-0278
hearing@odh.ohio.gov

If you must change your requested date or have any questions, contact the Board office
614.466.5215

Rev Code 1254