

Ohio Hearing Aid Dealers And Fitters Licensing Board

Application To Retake the Written Examination

This application, and the fee of \$95.00, must be received by the Board 30 days prior to the date you want to retake the examination. Please make the check payable to Treasurer, State of Ohio, and send it with the application to:

Ohio Hearing Aid Dealers and Fitters Licensing Board
246 North High Street
Columbus, Ohio 43215.

Last name	First name	Middle initial
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I hereby make application to retake the Ohio Hearing aid Dealers and Fitters Licensing Board's written examination. I understand that the examination must be taken in its entirety, and is only given on the date of a regularly scheduled examination.

Signature of applicant	
Home street address	Daytime telephone number
Home city	ZIP

I want to retake the examination on _____ 20_____.

(If you do not know the examination dates please contact the Board office at (614)-466-5251).