

HEARING AID DISPENSER QUALIFYING COURSE APPROVAL RENEWAL APPLICATION

PLEASE READ CAREFULLY, AS INCOMPLETE APPLICATIONS WILL BE RETURNED.

- ▶ The non-refundable fee of **\$25** must accompany this original, signed application (photocopies will not be accepted). Fees may be paid by check or money order (made payable to the Department of State) or by MasterCard or Visa, using the enclosed credit card authorization form. Do not send cash.
- ▶ A non-refundable fee of **\$25** must be submitted for each additional location.
- ▶ Annual registration period runs from January 1st to December 31st.
- ▶ All instructors must be approved.

PLEASE INDICATE THE COURSE CODE NUMBER FOR THE COURSE YOU WANT TO REGISTER.

CODE # D _____ CODE # CFY- _____

SCHOOL NAME _____

ADDRESS (NUMBER AND STREET; ROOM/SUITE DESIGNATION) _____

CITY _____ STATE _____ ZIP+4 _____

E-MAIL ADDRESS (IF ANY) _____

PRIMARY LOCATION (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION) _____

CITY _____ STATE _____ ZIP+4 _____

SECONDARY LOCATION #1 (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION) _____

CITY _____ STATE _____ ZIP+4 _____

SECONDARY LOCATION #2 (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION) _____

CITY _____ STATE _____ ZIP+4 _____

SECONDARY LOCATION #3 (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION) _____

CITY _____ STATE _____ ZIP+4 _____

Indicate names and signatures of persons authorized to sign course completion certificates.

PRINT NAME _____

SIGNATURE OF COORDINATOR _____

SIGNATURE _____

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BUSINESS PHONE NUMBER _____

PRINT NAME _____

E-MAIL ADDRESS (if any) _____

SIGNATURE _____

DATE _____

FOR OFFICE USE ONLY EFFECTIVE DATE: ___/___/___ EXPIRATION DATE: ___/___/___ ENTERED: ___/___/___ BY: _____ LABEL []

FEE RECEIVED: _____ TO REVENUE: ___/___/___ APPROVAL MAILED: ___/___/___ RECEIPT #: _____

A fee of \$20 will be charged for any check returned by a bank for insufficient funds.