HEARING INSTRUMENT CONSUMER PROTECTION PROGRAM

EXAMINATION REGISTRATION

PLEASE PRINT

NAME ________________________________________________________________

(Last) (First) (MI)

HOME ADDRESS __________________________________________________________

(Street or P.O. Box)

(City) (State) (ZIP Code)

DAYTIME PHONE (______) ____________________ FAX NUMBER (______) ______________

E-MAIL ADDRESS _________________________________________________________

EXAMINATION DATES

At a minimum, tests will be given quarterly. Call 217-524-2396 for the test date prior to sending in your application.

List examination date requested: ________________________________.

Tests are held at the Illinois Department of Public Health, 535 W. Jefferson St., Third Floor, Springfield, IL 62761.

Registrations must be accompanied by check or money order with the appropriate amount made payable to IDPH – Hearing Instrument Program at least two weeks in advance of examination.

FEES ARE NONREFUNDABLE

WRITTEN EXAMINATION

❑ I would like to participate in the written examination. I have enclosed the fee of $200 for the written examination.

PRACTICAL EXAMINATION

❑ I would like to take the full practical exam. I have enclosed the fee of $300 for the full practical examination.

❑ I would like to take the following sections of the practical exam. Individual sections are $75.

Circle the sections requested:

I. Patient Information and Health Assessment  II. Audiometry  III. Human Acoustic Couplers

IV. Audimetric Interpretation and Fitting Verification  V. Dispensing, Counseling and Trouble-Shooting

QUESTIONS?

Telephone 217-524-2396  Fax 217-524-4201  E-mail dph.visionandhearing@illinois.gov

Submit registration and payment to:

Illinois Department of Public Health

Hearing Instrument Program

535 W. Jefferson St., Third Floor

Springfield, IL 62761

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