



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. Audiometric 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**

