

OFFICE USE ONLY

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225 0000 200/226 0000 50**ILLINOIS DEPARTMENT OF PUBLIC HEALTH
Hearing Instrument Consumer Protection Program****PRACTICAL EXAMINATION REGISTRATION**PLEASE PRINT
NAME_____
(Last)_____
(First)_____
(M.I.)

HOME ADDRESS

(Street or P.O. Box)_____
(City)_____
(State)_____
(ZIP Code)

DAYTIME PHONE

(_____) _____

FAX NUMBER (_____) _____

EMAIL ADDRESS _____

EXAMINATION DATES

At a minimum, tests will be given every other month. Please call 217-524-2396 for the test date prior to sending in your application. Please list exam date requested: _____.

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

The fee for all four sections of the practical examination is \$200. Individual sections are \$50. Please circle the sections being requested:

Earmolds

Pure Tone Audiometry

Speech Audiometry

Hearing Instruments

Your registration must be received two weeks prior to examination. Appointment times will be assigned. Make check or money order payable to: **Illinois Department of Public Health.**

FEES MAY BE APPLIED TO FUTURE TESTING IF DEPARTMENT IS NOTIFIED OF CANCELLATION PRIOR TO 48 HOURS BEFORE SCHEDULED EXAM.

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

**Submit registration to:
Illinois Department of Public Health
Hearing Instrument Program
535 W. Jefferson St., Third Floor
Springfield, IL 62761**