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 217-782-4733 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 217-782-4733  Fax 217-557-5324  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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