



HEARING INSTRUMENT CONSUMER PROTECTION PROGRAM  
**HEARING INSTRUMENT DISPENSER INACTIVE STATUS REQUEST**

I, \_\_\_\_\_, hereby request, effective \_\_\_\_\_  
Dispenser's Name (type or print) Date

to have my hearing instrument dispenser's license put on an inactive status. I recognize this will exempt me from payment of license renewal fees during the time of my inactive status.

**I will not dispense hearing instruments in Illinois while my license is on an inactive status.**

When I desire to activate my license, I will do the following:

1. Notify the Illinois Department of Public Health in writing when I wish to resume the practice of fitting, dispensing and servicing hearing instruments, in the state of Illinois.
2. Pay the current license renewal fee and provide evidence the continuing education requirements have been met during the inactive period.
3. Provide the Department with sworn evidence certifying the active practice of dispensing hearing instruments in another jurisdiction, if any inactive status is more than two years.

I have read and understand the above provisions. I have enclosed my Illinois Department of Public Health hearing instrument dispenser license and all duplicates.

\_\_\_\_\_  
Signature Date 4 digit ID#

**Illinois Department of Public Health Use Only**

\_\_\_\_\_, ID # \_\_\_\_\_, is hereby acknowledged by the Illinois Department of Public Health, Hearing Instrument Dispenser Consumer Protection Program, to be on inactive status as provided in the Hearing Instrument Consumer Protection Act.

\_\_\_\_\_  
Hearing Instrument Consumer Protection Program Effective Date

