



MISSISSIPPI STATE DEPARTMENT OF HEALTH

**Request to Schedule the Hearing Aid Specialist  
Licensure Exam  
(Practical and Mississippi Law Only)**

**Instructions:** Complete the form, attach the \$150.00 exam fee (payable to MSDH), and mail to the Bureau of Professional Licensure prior to the end of the exam registration period. All licensure requirements must be on file and satisfactory to this office before an applicant will be allowed to sit for the exam.

**Applicant:**

1. Name: \_\_\_\_\_

2. Social Security#: \_\_\_\_\_

3. Email address: \_\_\_\_\_

4. Request for Special Accommodations under the Americans with Disabilities Act (ADA) - check one.

Yes

No

If yes, please submit all documentation supporting your request with this form and the exam fee prior to the exam registration deadline.

I, the undersigned, do hereby certify and affirm, under the penalties of perjury, that the information contained on this form, and, if applicable, submitted in support of it, is true to the best of my knowledge and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date