



Hearing Instrument Dispenser Written Examination

REQUEST TO SCHEDULE

Minnesota uses the International Hearing Society’s International Licensing Exam (ILE) as the written portion of the examination used to certify applicants as Hearing Instrument Dispensers. As of March 1, 2014, the ILE will only be available at a testing center. This exam is computer-based. Applicants must pass the written examination before they may sit for the practical examination.

PLEASE TYPE OR PRINT LEGIBLY IN BLUE INK

First Name	Middle Name	Last Name	
Previous Name(s)			
Mailing Address	City	State	Zip
Daytime Phone Number		Cell Phone Number	
Email Address			
Date of Birth (MM/DD/YYYY)		Last Four Digits of Your Social Security #	

Are you a licensed audiologist? Yes, what is your license number? _____ No

Is this a retest? Yes No

Mail/Courier Drop-Off

Mail to:	Courier Drop-Off:	Fax:
Minnesota Department Of Health Health Occupations Program P.O. Box 64882 St. Paul, MN 55164-0882	Minnesota Department Of Health Health Occupations Program 85 E. 7 th Place, Suite 220 St. Paul, MN 55101	651-201-3839

Affirmation of Applicant

I, the above named applicant, state that I am the person referred to in this application and that the statement herein contained are each strictly true in every respect. I understand that intentionally submitting false or misleading information in connection with this application may be grounds for discipline under the Hearing Instrument Dispenser Statute.

Applicant Signature _____ Date _____

Minnesota Department of Health
PO Box 64882
St. Paul, MN 55164
651-201-4200
health.hidexam@state.mn.us

12/29/2021

To obtain this information in a different format, call: 651-201-4200.