CHANGE OF ADDRESS OR CHANGE OF NAME

For hearing aid program only

Send the following information, within 10 days of change, to:

Pennsylvania Department of Health
Hearing Aid Program
2525 North 7th STREET , Suite 210D
HARRISBURG, PA 17110
Phone: (717) 787-4779, email RA-DDC@pa.gov
Fax: (717) 231-4790

NAME CHANGE: If change of business name is result of change of ownership, a new application must be submitted. If this is change of individual name, please provide government issued ID reflecting new name.

CERTIFICATE NO. _____

OLD ADDRESS: ☐ **HOME** ☐ **BUSINESS** ☐ **BRANCH**

Name: _____

Street: _____

City: _____

State: _____

Zip Code: _____

Phone: _____EMAIL:_____

NEW ADDRESS

Name: _____

Street: _____

City: _____

State: _____

Zip Code: _____

Phone: _____ EMAIL :_____

EFFECTIVE DATE: _____