OREGON HEALTH LICENSING AGENCY



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Advisory Council on Hearing Aids Regulatory Requirements

Athletic Trainers

Barbers

Body Piercing Technicians

Denturists

Direct Entry Midwives

Electrologists

Environmental Health Specialists

Estheticians

Hair Designers

Hearing Aid Specialists

Nail Technicians

Permanent Color Technicians

Respiratory Therapists

Tattoo Artists

Waste Water Specialists

Board of Athletic Trainers

Board of Cosmetology

Board of Direct Entry Midwifery

Board of Denture Technology

Environmental Health Registration Board

Respiratory Therapist Licensing Board

Advisory Council on Hearing Aids

Advisory Council for Electrologists, Permanent Color Technicians & Tattoo Artists

Statement to Prospective Purchaser Requirements

Following is a checklist of the required content and specifications for the **Statement to Prospective Purchaser**, which is required "...prior to consummation of a sale of a hearing aid...." under Oregon Revised Statutes (ORS) 694.036. Requirements are also taken from Oregon Administrative Rules (OAR) 331-640-0030.

A recommended template can be accessed at www.oregon.gov/OHLA/HAS under Laws & Rules on the left navigation menu.

| Paper / Type Specifications ☐ 8 1/2 x 11 paper |
|--|
| ☐ No smaller than 10 point type |
| Licensee Information |
| ☐ Licensee name |
| ☐ Licensee address |
| ☐ Licensee telephone number |
| ☐ Licensee license number |
| ☐ Licensee signature |
| Purchaser Information |
| ☐ Purchaser name |
| ☐ Purchaser address |

Medical Waiver Information

Purchaser signature

☐ In10 pt font the following bordered statement: "It is desirable that a person seeking help with a hearing problem (especially for the first time) consult an ear doctor and obtain a clinical hearing evaluation. Although hearing aids are often recommended for hearing problems, another form of treatment may be necessary."

Required Information for Waiver of Medical Opinion

| ☐ A Waiver of Medical Opinion, if the purchaser refuses to see a physician before purchasing |
|--|
| hearing aids must be completed which states "I do not desire to have a medical evaluation |
| before purchasing a hearing aid." Required waiver information is as follows: |
| ☐ Name of licensee |
| ☐ License number |

Purchaser's address

Purchaser's name

☐ Purchaser's signature and date

More⇒



2

Advisory Council on Hearing Aids

Regulatory Requirements

| | Statement to Prospective Purchaser Requirements, continued F | Page |
|---|---|------|
| | Hearing Aid Information | |
| | ☐ Specifications as to the make, serial number and model number of the hearing aid or aids sold | |
| | ☐ Description of the hearing aid – new/used, demonstration instrument or reconditioned | k |
| | Purchase / Delivery Information □ Purchase price | |
| | ☐ Trade-in amount (if any) | |
| | ☐ Cost of the hearing aid(s) and all related fees | |
| | ☐ Date of sale | |
| | ☐ Delivery date of hearing aid(s) | |
| | Rescission / Cancellation Information Date the 30-day rescission period ends | |
| _ | | |
| | ☐ Date of post delivery follow-up session / changes made to agreed-upon date | |
| | ☐ Place of post-delivery follow-up session / changes made to agreed upon location | |
| | ☐ Printed or reproduced copy of ORS 694.042 Right to Rescind A Hearing Aid Purchasits entirety, including the procedures for returning the hearing aid(s) to the licensee | e in |
| | Audiogram / Test Results Information | |
| _ | ☐ The following statement, initialed by the purchaser: "Copies of my audiogram and the results of tests or verification procedures were offered to me by the licensee, and I here acknowledge receipt of the records or that I declined the offer." | |
| | | |
| | Consumer Protection / Complaints ☐ The following statement about filing complaints: "Complaints regarding the sale, lead or attempted sale or lease of hearing aids should be directed in writing to: Oregon Heal Licensing Agency, 700 Summer Street NE, Suite 320, Salem, OR 97301-1287. Complaints may be obtained by calling 503-378-8667 or at the Agency's Web site: | lth |
| | http://www.oregon.gov/OHLA/Consumer_help_complaint.shtml | |





Advisory Council on Hearing Aids

Regulatory Requirements

| Statement to Prospective Purchaser Requirements, continued ————— Page 3 |
|---|
| Purchaser Acknowledgement / Signature A statement acknowledging that the purchaser has read and understands the information contained in the statement |
| ☐ Purchaser signature |
| ☐ Date purchaser signed statement |
| In-Home Sales Notice of Cancellation Must Include (In-home sales only) ☐ Federal guidelines for in home sales |
| ☐ Name of licensee |
| ☐ Name of licensee's business |
| ☐ Signature and date of purchaser |
| ☐ Name of licensee's business |
| ☐ Signature and date of purchaser |
| |