Oregon
John A. Kitzhaber, MD, Governor

Health Licensing Agency
700 Summer St. NE, Suite 320
Salem, Oregon 97301-1287
Telephone (503) 378-8667
FAX (503) 585-9114
TTY (503) 373-2114
E-Mail: ohla.info@state.or.us
Website: www.Oregon.gov/OHLA

WHO:	**Oregon Health Licensing Agency** **Advisory Council on Hearing Aids** **Education & Examination Committee** **EXECUTIVE SESSION**
WHEN:	**May 18, 2011 – 10 am**
WHERE:	**Oregon Health Licensing Agency** **Rhoades Conference Room** **700 Summer St NE, Suite 320** **Salem, Oregon**
COMMITTEE:	**Don Cloutier, Scot Frink, Martha Kocer**

What is the purpose of the meeting?
The purpose of the meeting is to continue review of the practical examination. Please use appropriate language, manners and protocols when conducting business. A working lunch may be served for committee members and designated staff in attendance. Please visit http://egov.oregon.gov/OHLA/HAS/meetings.shtml for current meeting information.

Is the public or licensees allowed to attend the meeting?
Yes. Members of the public are invited and encouraged to be in attendance at all committee meetings, although public comment is not generally taken during this time. Technical experts may be in attendance at committee meetings and could be called upon to provide knowledge in specific areas.

What if the committee enters into executive session?
Prior to entering into executive session the committee chairperson will announce the nature of and the authority for holding executive session, at which time all audience members are asked to leave the room with the exception of news media and designated staff. Executive session would be held according to ORS 192.660.

No final actions or final decisions will be made in executive session. The committee will return to open session before taking any final action or making any final decisions.

Who do I contact if I have questions or need special accommodations?
The meeting location is accessible to persons with disabilities. A request for accommodations for persons with disabilities should be made at least 48 hours before the meeting. For questions or requests contact a board specialist at (503) 373-2049.

All members are asked to please give at least 24-hour notice if they are unable to attend the meeting so arrangements may be made.

Oregon
Theodore R. Kulongoski, Governor

Health Licensing Agency
700 Summer St. NE, Suite 320
Salem, Oregon 97301-1287
Telephone (503) 378-8667
FAX (503) 585-9114
TTY (503) 373-2114
E-Mail: ohla.info@state.or.us
Web Site: www.Oregon.gov/OHLA

Advisory Council on Hearing Aids
Education Committee
Meeting 05-18-2011

Call to Order

Practical Examination Review

1. P1A - Audio Metric Testing
   - A. Scoring Form
2. P1B - Masking
   - A. Patient Audiogram Inspection
   - B. Scoring Form
3. P1B Retake –Masking
4. P2 - Ear Mold Impressions
   - A. Scoring Form
5. P3 - Fitting And Selection of Hearing Aids
   - A. Earmold Inspection
   - B. Ansi Strips Inspection
     - i. Ansi Strip Form
   - C. Scoring Form
6. Practical Examination Schedule
7. Candidate Notification Form

Oregon Laws and Rules Examination Review

8 . Item Review

A working lunch may be served to committee members and designated staff.

Oregon Health Licensing Agency

700 Summer St. NE, Suite 320
Salem, OR 97301-1287
(503) 378-8667
TTY: (503) 373-2114
Fax: (503) 370-9004
Web Site: http://www.oregon.gov/OHLA
E-Mail: ohla.info@state.or.us

Advisory Council on Hearing Aids

Confidentiality Agreement

Date: 5-18-11

I the undersigned will **NOT** retain or duplicate in any way material containing possible Examination questions, developed today and/or already existing. I will **NOT** discuss the nature or content of specific examination questions contained in the item banks. I understand that to maintain the security of the examinations, I will keep all materials pertaining to examination questions / item banks **confidential** and will return all materials and reference items used in the work sessions to the Oregon Health Licensing Agency staff prior to leaving.

CHRIS GUSTAFSON

Printed Name

Chris Gustafson

Signature

H:\Committee Meetings\PT\Confidentiality Form.doc

Oregon Health Licensing Agency

700 Summer St. NE, Suite 320
Salem, OR 97301-1287
(503) 378-8667
TTY: (503) 373-2114
Fax: (503) 370-9004
Web Site: http://www.oregon.gov/OHLA
E-Mail: ohla.info@state.or.us

Advisory Council on Hearing Aids

Confidentiality Agreement

Date: 5/18/2011

I the undersigned will **NOT** retain or duplicate in any way material containing possible Examination questions, developed today and/or already existing. I will **NOT** discuss the nature or content of specific examination questions contained in the item banks. I understand that to maintain the security of the examinations, I will keep all materials pertaining to examination questions / item banks **confidential** and will return all materials and reference items used in the work sessions to the Oregon Health Licensing Agency staff prior to leaving.

DAVID MONTROSS

Printed Name

Signature

Oregon Health Licensing Agency

700 Summer St. NE, Suite 320
Salem, OR 97301-1287
(503) 378-8667
TTY: (503) 373-2114
Fax: (503) 370-9004
Web Site: http://www.oregon.gov/OHLA
E-Mail: ohla.info@state.or.us

Advisory Council on Hearing Aids

Confidentiality Agreement

Date: 5-18-11

I the undersigned will **NOT** retain or duplicate in any way material containing possible Examination questions, developed today and/or already existing. I will **NOT** discuss the nature or content of specific examination questions contained in the item banks. I understand that to maintain the security of the examinations, I will keep all materials pertaining to examination questions / item banks **confidential** and will return all materials and reference items used in the work sessions to the Oregon Health Licensing Agency staff prior to leaving.

Rosalind Sinclair-Sjue
Printed Name

Rosalind Sinclair-Sjue
Signature

H:\Committee Meetings\PT\Confidentiality Form.doc

Oregon Health Licensing Agency

700 Summer St. NE, Suite 320
Salem, OR 97301-1287
(503) 378-8667
TTY: (503) 373-2114
Fax: (503) 370-9004
Web Site: http://www.oregon.gov/OHLA
E-Mail: ohla.info@state.or.us

Advisory Council on Hearing Aids

Confidentiality Agreement

Date: 05-18-2011

I the undersigned will **NOT** retain or duplicate in any way material containing possible Examination questions, developed today and/or already existing. I will **NOT** discuss the nature or content of specific examination questions contained in the item banks. I understand that to maintain the security of the examinations, I will keep all materials pertaining to examination questions / item banks **confidential** and will return all materials and reference items used in the work sessions to the Oregon Health Licensing Agency staff prior to leaving.

C. Scot Frink

Printed Name

C. Scot Frink

Signature

H:\Committee Meetings\PT\Confidentiality Form.doc

Oregon Health Licensing Agency

700 Summer St. NE, Suite 320
Salem, OR 97301-1287
(503) 378-8667
TTY: (503) 373-2114
Fax: (503) 370-9004
Web Site: http://www.oregon.gov/OHLA
E-Mail: ohla.info@state.or.us

Advisory Council on Hearing Aids

Confidentiality Agreement

Date: 5-18-11

I the undersigned will **NOT** retain or duplicate in any way material containing possible Examination questions, developed today and/or already existing. I will **NOT** discuss the nature or content of specific examination questions contained in the item banks. I understand that to maintain the security of the examinations, I will keep all materials pertaining to examination questions / item banks **confidential** and will return all materials and reference items used in the work sessions to the Oregon Health Licensing Agency staff prior to leaving.

MARTHA L. KOCER

Printed Name

Martha L. Kocer

Signature

Oregon Health Licensing Agency

700 Summer St. NE, Suite 320
Salem, OR 97301-1287
(503) 378-8667
TTY: (503) 373-2114
Fax: (503) 370-9004
Web Site: http://www.oregon.gov/OHLA
E-Mail: ohla.info@state.or.us

Advisory Council on Hearing Aids

Confidentiality Agreement

Date: 5/18/11

I the undersigned will **NOT** retain or duplicate in any way material containing possible Examination questions, developed today and/or already existing. I will **NOT** discuss the nature or content of specific examination questions contained in the item banks. I understand that to maintain the security of the examinations, I will keep all materials pertaining to examination questions / item banks **confidential** and will return all materials and reference items used in the work sessions to the Oregon Health Licensing Agency staff prior to leaving.

DON CLOUTIER

Printed Name

Don Clouter

Signature

H:\Committee Meetings\PT\Confidentiality Form.doc

Oregon Health Licensing Agency
Advisory Council on Hearing Aids
Education & Examination Committee

May 18, 2011

Oregon Health Licensing Agency
700 Summer Street NE, Suite 320
Salem, OR 97301-1287

PLEASE PRINT

Time	Name/Representing	Address	Phone/E-mail	Topics to Discuss

None