



**HEALTH LICENSING OFFICE**  
**Advisory Council on Hearing Aids**

1430 Tandem Ave. NE, Suite 180, Salem, OR, 97301  
Phone: 503-378-8667 | Fax: 503-370-9004  
[www.healthoregon.org/hlo](http://www.healthoregon.org/hlo) | Email: [hlo.info@state.or.us](mailto:hlo.info@state.or.us)

***TRAINEE REGISTRATION AGREEMENT AND  
DECLARATION OF RESPONSIBILITY***

*Trainee and supervisor to complete and submit with trainee registration application*

**1. Trainee – Read and Sign**

**I agree to fulfill the requirements of my training by:**

1. Performing the activities required by rule and as described on the Certification of Training form;
2. Working only under the direct supervision of my supervisor, one-on-one during the completion of my training;
3. Developing theory and practical skills by accepting the guidance and assistance provided to me by my trainer;
4. Notifying the HLO in writing within five (5) working days of any problems encountered during my training, or if my training is interrupted or terminated for any reason; and
5. Responding to requests for information from the HLO regarding the progress of my training.

**A Trainee May Not Fit Or Sell Hearing Aids**

➤ **Trainee Signature:**

**Date:**

**2. Supervisor – Read and Sign**

***QUALIFICATIONS***

**Pursuant to OAR 331-630-0035, I attest that:**

- I have been licensed for at least four years with no current or pending disciplinary action, and with no fines, fees, or civil penalties owing to the agency, **and I have: (check one or both)**
- Completed the IHS Distance Learning Program for Professionals in Hearing Sciences; Completion Date: \_\_\_\_\_
- Three or more years of National Board Certification in Hearing Instrument Sciences;  
Certification Number: \_\_\_\_\_ Original Certification Date: \_\_\_\_\_

➤ **Supervisor Signature:**

**Date:**

**I agree to fulfill the requirements of a supervisor by:**

1. Submitting a completed Certification of Training form at the conclusion of training;
2. Assigning activities required by rule and as described on the Certification of Training form to the trainee;
3. Providing direct supervision, guidance, and assistance to the trainee, increasing the complexity of assignments regularly to allow the trainee to develop theory and practical skills necessary for practice;
4. Notifying the HLO in writing within five (5) working days of any problems encountered during this training agreement, or if the training is interrupted or terminated for any reason, including submission of a Certification of Training form showing the number of hours of training completed;
5. Responding to requests for information from the HLO regarding the progress of the training.
6. Not supervising more than four (4) trainee’s at any one time; and
7. Notifying the HLO within five (5) days if the trainee ceases for any reason to be under my supervision.

I, \_\_\_\_\_, a licensed hearing aid specialist in the State of Oregon, agree to supervise the previously named trainee and to perform all of the activities and duties for which I am responsible pursuant to Oregon Administrative Rule 331-630-0030, and by signing below, I attest to meeting the Supervisor Qualifications indicated above.

➤ **Supervisor Signature:**

**Date:**