



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 | Email: hlo.info@state.or.us

TRAINING PROGRAM CERTIFICATION OF TRAINING

This completed form must be submitted with application for Hearing Aid Specialist temporary license.

Practical Hours Required	Core Competencies – Hearing Aid Fitting	Practical Hours Completed
60	I. Audiometric Testing A. Basic equipment check; adequate test environment B. Otoscope technique/client management C. Puretone audiometric; air conduction and bone conduction recording audiograms D. Masking: air conduction, bone conduction and speech masking E. Speech reception threshold and speech discrimination F. Most comfortable loudness level G. Uncomfortable loudness level H. Speech audiometry (live vs. recorded) I. Other audiometric tests (quick sin, Impedence)	_____
60	II. Counseling regarding hearing examination A. Case history and Health Insurance Privacy and Portability Act (HIPPA) B. Review of test procedures C. Audiometric interpretation D. Options and recommendations (medical and amplification) E. Psychological counseling with hearing impaired (patient, family, care givers) F. Needs assessment and capabilities	_____
60	III. Hearing aid selection A. Hearing aid components B. Physical characteristics of hearing aids C. Electro-acoustic characteristics of hearing aids D. Technology options E. Advantages and disadvantage of different styles F. Assisted devices	_____
60	IV. Earmold impressions A. Instructions to client B. Pre-Otoscopic inspection C. Dam placement D. Impression material preparation and insertion E. Removal and post otoscopic inspection F. Impression handling, order forms and preparation for transport	_____

Training Program Certification of Training (Continued)

180	V. Hearing aid fitting & follow-up care A. Acoustic couplers B. Problem solving C. Physical modification for hearing aids. D. Electro acoustic modification for hearing aids. E. Basic hearing aid repair F. Verification and/or validation measures G. Aural rehabilitation H. Long term follow up and counseling I. Records Management	_____
60	Business Practices:	_____
	VI. Ethics and Regulations A. Federal Guidelines (FDA and FTC) for dispensing of Hearing Aids B. Oregon Administrative Rules and Oregon Revised Statutes	
	VII. Sanitation and cleanliness A. Safety and infection control B. Single use cleaning implements (disposable items) C. Hand washing	
40	VIII. Elective Hours Elective hours may be completed in any of the above categories.	_____
Total Required: 520 Hours	Total Hours Completed:	_____

Complete the Certification of Training Form, and include the IHS Certification of Completion Form and submit both to:

**Health Licensing Office
 1430 Tandem Ave. NE, Suite 180
 Salem, Oregon 97301**

I, _____ License Number: _____ certify that
Print Supervisor's Full Name

_____, has received direct supervised training as outlined in
Print Trainee's Full Name

Oregon Administrative Rule 331-610-0010, and understand that any misstatement of material fact on this certificate will be cause for disciplinary action by the Health Licensing Office.

Supervisor's Signature License Number Date

Trainee's Signature Date