

### HEARING AID SPECIALIST TRAINING PROGRAM - CERTIFICATION OF TRAINING

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

The Hearing Aid Specialist Training (HAST) program is the program established for prospective applicants to meet the Office's training and experience requirements under ORS 694.065(1)(a).

An individual in the HAST program must complete the program **in no less than 6 months and no more than 1 year**. The training program includes **520 hours** of practical training under the direct supervision of a Registered Trainee Supervisor.

Training Start Date:

Training End Date:

Practical Hours Required:	Core Competencies – Hearing Aid Fitting:	Practical Hours Completed:
60	<b>1) Audiometric testing</b> <ul style="list-style-type: none"> <li>Basic equipment check; adequate test environment</li> <li>Otoscope technique/client management</li> <li>Puretone audiometric; air conduction and bone conduction recording audiograms</li> <li>Masking: air conduction, bone conduction and speech masking</li> <li>Speech reception threshold and speech discrimination</li> <li>Most comfortable loudness level</li> <li>Uncomfortable loudness level</li> <li>Speech audiometry (live vs. recorded)</li> <li>Other audiometric tests (quick sin, Impedence)</li> </ul>	_____
60	<b>2) Counseling regarding hearing examination</b> <ul style="list-style-type: none"> <li>Case history and Health Insurance Privacy and Portability Act (HIPPA)</li> <li>Review of test procedures</li> <li>Audiometric interpretation</li> <li>Options and recommendations (medical and amplification)</li> <li>Psychological counseling with hearing impaired (patient, family, care givers)</li> <li>Needs assessment and capabilities</li> </ul>	_____
60	<b>3) Hearing aid selection</b> <ul style="list-style-type: none"> <li>Hearing aid components</li> <li>Physical characteristics of hearing aids</li> <li>Electro-acoustic characteristics of hearing aids</li> <li>Technology options</li> <li>Advantages and disadvantage of different styles</li> <li>Assisted devices</li> </ul>	_____
60	<b>4) Ear mold impressions</b> <ul style="list-style-type: none"> <li>Instructions to client</li> <li>Pre-Otosopic inspection</li> <li>Dam placement</li> <li>Impression material preparation and insertion</li> <li>Removal and post otoscopic inspection</li> <li>Impression handling, order forms and preparation for transport</li> </ul>	_____

## Hearing Aid Specialist Training Program - Certification of Training (Continued)

<b>180</b>	<b>5) Hearing aid fitting &amp; follow-up care</b> <ul style="list-style-type: none"> <li>• Acoustic couplers</li> <li>• Problem solving</li> <li>• Physical modification for hearing aids.</li> <li>• Electro acoustic modification for hearing aids.</li> <li>• Basic hearing aid repair</li> <li>• Verification and/or validation measures</li> <li>• Aural rehabilitation</li> <li>• Long term follow up and counseling</li> <li>• Records Management</li> </ul>	_____
<b>40</b>	<b>6) Elective hours</b> <ul style="list-style-type: none"> <li>• Elective hours may be completed in any of the categories above (1 through 5 above).</li> </ul>	_____
<b>60</b>	<b>Business Practices:</b>	_____
	<b>7) Ethics and regulations</b> <ul style="list-style-type: none"> <li>• Federal Guidelines (FDA and FTC) for dispensing of Hearing Aids</li> <li>• Oregon Administrative Rules and Oregon Revised Statutes</li> </ul>	
	<b>8) Sanitation and cleanliness</b> <ul style="list-style-type: none"> <li>• Safety and infection control</li> <li>• Single use cleaning implements (disposable items)</li> <li>• C. Hand washing</li> </ul>	
<b>Total Required: 520 Hours</b>	<b>Total Hours Completed:</b>	_____

### HEARING AID SPECIALIST TRAINING PROGRAM - CERTIFICATION OF TRAINING

Complete the Certification of Training Form and include the International Hearing Society's Distance Learning Program for Professionals in Hearing Health Sciences Certification of Completion Form and submit both to the address on the top of this form.

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 from \_\_\_\_\_ to \_\_\_\_\_ and  
Training Start Date Training End Date

understand that any misstatement of material fact on this certificate will be cause for disciplinary action by the Health Licensing Office. I also understand that the supervised trainee must have completed the program in no less than 6 months and no more than one (1) year.

\_\_\_\_\_  
 Supervisor's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Trainee's Signature

\_\_\_\_\_  
 Date