

Board for Hearing Aid Specialists and Opticians
HEARING AID SPECIALIST TRAINING & EXPERIENCE FORM
No Fee Required

In accordance with Section 18VAC80-20-40.D. of the Board for Hearing Aid Specialists & Opticians Regulations, the licensed sponsor shall provide training and ensure that the temporary permit holder under his/her supervision gains experience that covers the following subjects as they pertain to hearing aid fitting and the sale of hearing aids, accessories, and services. All Hearing Aid Permit holders must complete six (6) months of training before being referred for testing by their sponsors.

Instructions: For each subject, the sponsor should initial and enter the date completed.

Name of Temporary Permit Holder _____

Temporary Permit Number

2	1	0	2						
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Name of Temporary Permit Holder Sponsor _____

Temporary Permit Number

2	1	0	1						
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		Date	Sponsor's Initials
1.	Basic physics of sound		
2.	Basic maintenance & repair of hearing aids		
3.	The anatomy and physiology of the ear		
4.	Introduction to psychological aspects of hearing loss		
5.	The function of hearing aids & amplification		
6.	Visible disorders of the ear requiring medical referrals		
7.	Practical tests utilized for selection or modification of hearing aids		
8.	Pure tone audiometry, including air conduction, bone conduction & related tests		
9.	Live voice or recorded voice speech audiometry, including speech reception testing & speech discrimination testing.		
10.	Masking when indicated		
11.	Recording & evaluating audiograms & speech audiometry to determine the proper selection & adaptation of hearing aids		
12.	Taking earmold impressions		
13.	Proper earmold selection		
14.	Adequate instruction in proper hearing aid orientation		
15.	Necessity of proper procedures in after-fitting checkup		
16.	Availability of social service resources & other special resources for the hearing impaired		
17.	Joint review of Board for Hearing Aid Specialists and Opticians Regulations		

Signature of Temporary Permit Holder _____

_____ Date

_____ Contact Number

Signature of Temporary Permit Holder Sponsor _____

_____ Date

_____ Contact Number