

SCHEDULE A (Part 1)

CERTIFICATE OF SUPERVISED TRAINING

I, _____ (hereinafter called the "applicant") hereby certify that I worked full-time under a graduated on-site program of constant, close and general supervision, that I have followed a documented training program and all conditions outlined in Step 6. of the Registration Information package under the supervision of _____ (hereinafter called the "supervisor") training as a Hearing Aid Dealer and Consultant for _____ hours commencing on _____, 20 _____, and finishing on _____, 20 _____.

(Note: Training is required to be completed within a total time of 9 months; see Section 3(d)(ii) of the Hearing Aid Regulations.)

During my period of training with the supervisor, I did not perform any service referred to in Section 7 of the Hearing Aid Act, without a graduated on-site program of constant, close and general supervision by the supervisor.

CERTIFIED AT _____, **British Columbia this**
_____ **day of** _____, **20** _____.

(Signature of Applicant)

I am presently licensed as a Hearing Aid Dealer and Consultant and I hereby certify all of the foregoing to be true, to the best of my knowledge and belief. On the basis of my graduated on-site program of constant, close and general supervision, the training program outcomes and meeting all conditions outlined in Step 6 of the Registration Information package, the applicant has obtained experience in hearing assessment and hearing aid fitting as indicated in the **recommended** skill areas in the attached practicum checklist. I believe that the applicant is competent at this time to act as a Hearing Aid Dealer and Consultant.

CERTIFIED AT _____, **British Columbia this**
_____ **day of** _____, **20** _____.

(Signature of Supervisor)

Schedule A, (Part 2)

Practicum Check List

Below is a check list (x) of activities that the applicant has been trained in.

	Yes	No
Case History Taking	_____	_____
Otoscopy	_____	_____
Tympanometry	_____	_____
Audiometry		
Puretone: Air and Bone	_____	_____
Speech Testing: SRT, MCL, UCL, Word Recognition	_____	_____
Masking	_____	_____
Earmold Impressions	_____	_____
Selection		
Review tests results with client	_____	_____
Formulate/Discuss Recommendations	_____	_____
Circuit/Matrix Selection	_____	_____
Fit Hearing Aids	_____	_____
Review operation/maintenance	_____	_____
Counselling/Expectations	_____	_____
Warranty/Trial Period	_____	_____
Verification		
Real ear measurement	_____	_____
Sound field	_____	_____
2cc Coupler Tests	_____	_____
Hearing aid or Earmold Adjustments	_____	_____
Routine Cleaning/Minor Repairs	_____	_____
Dispensing Assistive Listening Devices	_____	_____

Signature of Supervisor and Date

Signature of Applicant and Date

Print Name

Print Name

**BC Board of Hearing Aid Dealers
Mandatory Equipment List in Good Working Order for All Clinics**

#	Equipment	Description, Clarification and/or Exception	Yes/No
1	Soundbooth	<ul style="list-style-type: none"> a. A room where average ambient noise levels are equivalent to those in a commercially available soundbooth is also acceptable. b. Required in all primary, permanent locations and in alternate locations whenever possible. Requirement is not meant to restrict remote satellite clinic and/or housecall services. c. Appropriate to population served 	
2	Audiometer	<ul style="list-style-type: none"> a. Annually calibrated b. Able to test 250 to 8000 Hz and interoctave tones. c. Speech testing capabilities must be present in that a vu meter is available and used to monitor live-voice presentation d. Where registrant's first language is not English and an accent is present the use of recorded speech stimuli (CD or tape) is recommended over the use of vu meter regulated live voice. 	
3	Computer Hardware & Software	<ul style="list-style-type: none"> a. Sufficient to fit the most up-to-date hearing aid technology b. Appropriate to population served 	
4	Real-Ear Measurement (REM)	<ul style="list-style-type: none"> a. Conducted within 28 days of each fitting. b. REM may be replaced by calibrated soundfield measurements (warble tone, speech, tolerance per aid). c. Manufacturers' verification measures through NOAH or stand-alone fitting software may be used where calibrated according to manufacturer's specifications. 	
5	Electroacoustic Analysis	For provision of 2 cc coupler ANSI analysis to ensure a hearing aid is working according to manufacturers' specifications.	
6	Otoscope	For adequate protection of client while evaluating presence of red flag conditions and in taking earmold impressions.	
7	Otoblocks of various sizes	For adequate protection of client while taking earmold impressions.	
8	Earlight	For adequate protection of client while placing otoblocks when taking earmold impressions.	
9	Ultrasonic Cleaner and Hygiene Products	<ul style="list-style-type: none"> a. Ultrasonic Cleaner to allow disinfection of reusable otoscope tips and earmolds in the clinic. b. Located conveniently to areas of client service. c. Hand cleansing accessible (sink, disinfecting hand wash). d. See separate Hygiene Protocol document for details. 	

I verify that this clinic (name, address and location) _____

_____ is equipped with the above equipment which is in good working order.

Signature of Supervisor and Date

Signature of Applicant and Date

Print Name

Print Name