

**BOARD OF HEARING AID SPECIALISTS**  
**TRAINING PROGRAM SPONSOR REPORT FORM**

Final Report       Termination Report

**I. INSTRUCTIONS: THIS FORM SHOULD BE COMPLETED BY THE SPONSOR.**

- Check one of the above report types. (If trainee is transferring to another sponsor this would be a termination.)
- Complete all sections of this two-page form.
- Mail within 30 days after reporting period ends or within 30 days after the date of termination.
- Trainee will not receive credit for weeks worked until the Board has received this form.
- Read Chapter 64B6-8, F.A.C.
- Trainee will NOT be allowed to sit for the examination until the board office has received this form.

**Failure to properly complete all sections of this form may result in the trainee not being eligible to sit for the first available examination. Reports must be received in the office NO LATER THAN 30 DAYS after the reporting period ends OR termination of your sponsorship.**

**II. TRAINEE GENERAL INFORMATION:**

Name \_\_\_\_\_

Check box if new:

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone Number: Work (        ) \_\_\_\_\_ Trainee Program Number \_\_\_\_\_

**III. REPORTING/TERMINATING SPONSOR GENERAL INFORMATION:**

**SPONSOR MUST COMPLETE AND MAIL PAGE TWO (2) WITH THIS FORM**

Sponsor Name \_\_\_\_\_

Business Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone Number (        ) \_\_\_\_\_ Sponsor License Number: \_\_\_\_\_

**IV. TERMINATION INFORMATION: (if applicable)**

Date supervision of trainee was terminated or will terminate: \_\_\_\_\_

**V. List your educational and training objectives, pursuant to Rule 64B6-8.003(3), F.A.C:**

**VI. List hours set by the sponsor for the trainee, pursuant to Rule 64B6-8.003(3), F.A.C:**

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**VII. TRAINING INFORMATION: THIS SECTION MUST BE COMPLETED BY THE SPONSOR.**

Program Dates: FROM \_\_\_\_\_ TO \_\_\_\_\_  
 (month, day, year) (month, day, year)

Total Number of training **WEEKS** completed or transferring to new sponsor: \_\_\_\_\_

Check (✓) the type of training received during this program and the number of training hours received, pursuant to Rule 64B6-8.003(3), F.A.C.

<b><u>Required Training Subject Areas</u></b>	<b><u># of Training Hours Received</u></b>
<input type="checkbox"/> Part II, Chapter 484, F.S. and Rule Chapter 64B6, F.A.C.	_____
<input type="checkbox"/> Physics of Sound.	_____
<input type="checkbox"/> Anatomy of the Outer, Middle and Inner Ear.	_____
Hearing Disorders:	
<input type="checkbox"/> Conductive Hearing Loss: Diseases of the Ear.	_____
<input type="checkbox"/> Sensori-Neural Hearing Loss.	_____
<input type="checkbox"/> Mixed Hearing Loss.	_____
<input type="checkbox"/> Central Deafness Hearing Loss.	_____
<input type="checkbox"/> Psychological Hearing Loss.	_____
<input type="checkbox"/> Criteria for Medical Referral.	_____
<input type="checkbox"/> Pure Tone Audiometry.	_____
<input type="checkbox"/> Masking and its Application when utilized with Pure Tone Audiometry: Rationals; Methods; Techniques.	_____
<input type="checkbox"/> Speech Audiometry.	_____
<input type="checkbox"/> Masking and its Application when utilized with Speech Audiometry.	_____
<input type="checkbox"/> Sound Field Testing.	_____
<input type="checkbox"/> Audiogram Analysis and Interpretation.	_____
<input type="checkbox"/> Proper Ear/Ears Selection; Hearing Instrument Selection: (Evaluating Fitting Criteria)	_____
<input type="checkbox"/> Cros/Bi-Cros: Rationale and its Application.	_____
<input type="checkbox"/> Hearing Aid Measurements.	_____
<input type="checkbox"/> Interpretation of Hearing Instruments Specification Data.	_____
<input type="checkbox"/> Impression Technique.	_____
<input type="checkbox"/> Earnolds; Shell Design; and their Effect on Frequency Response.	_____
<input type="checkbox"/> Types of Hearing Instruments; Major Components; Function.	_____
<input type="checkbox"/> Clients Counseling and Delivery as it pertains to Hearing Aid usage and care for optimum performance.	_____

\_\_\_\_\_  
 Signature of Trainee                      Date                      \_\_\_\_\_ Trainee Program Number

\_\_\_\_\_  
 Signature of Reporting Sponsor                      Date                      \_\_\_\_\_ Sponsor's License Number