Complete forms must be submitted by the sponsor through email at MQA.HearingAid@flhealth.gov, fax at (850) 413-6982, or mail at:

**Board** *of* **Hearing Aid Specialists** 4052 Bald Cypress Way Bin C-08 Tallahassee, FL 32399-3257

## **Board** of Hearing Aid Specialists **Training Program Sponsor Report Form**

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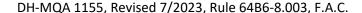


Pursuant to Rule 64B6-8, Florida Administrative Code (F.A.C.), the sponsor must complete and mail this form to the board office within 30 days after the end of the reporting period or date of termination. Until the board has received this form, the trainee will not receive credit for weeks worked, or be allowed to sit for the examination.

## Select report type:

If the trainee is transferring to another sponsor, this falls under termination.

	Final	Report	Termination	n Report				
lf applic	able, provide	the date the	supervision of trair	vision of trainee was terminated or will terminate:		MM/DD/YYYY		
1. TRAI	NEE INFORM	MATION						
Name: ˌ								
Address	S:	and Niverban		O:h.	State	ZIP		
	Street a	and Number		City	State	ZIP		
ls addre	ess new?	Yes	No					
Work Telephone Number:				Trainee Progra	Trainee Program Number:			
			PONSOR INFOR	MATION				
Dusines	ss Address	Street and	Number	City	State	ZIP		
Telephone Number:				Sponsor License Number:				
3. TRAI	INING OBJEC	CTIVES						
A.	A. List the educational and training objectives, pursuant to Rule 64B6-8.003(3), F.A.C.:							
В.	List hours set	t by the spon	sor for the trainee,	pursuant to Rule 64B6-8.00	03(3), F.A.C.:			



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1 ug	e 2 0j						
Nan	ne:	*	((12))				
4. T	RAINII	NG INFORMATION	FLORIDA				
Prod	nram d	ates: From:	* * *				
1 10(	grain a	ates: From: To: MM/DD/YYYY	***				
Tota	al numb	per of training <u>weeks</u> completed:					
		e type of training received during this program and the number of training hours red B6-8.003(3), F.A.C.	ceived, pursuant				
	✓	Required Training Subject Areas	# of Training Hours				
		Part II, chapter 484, Florida Statutes, and Rule 64B6, F.A.C.					
		Physics of Sound					
		Anatomy of the Outer, Middle and Inner Ear					
		Hearing Disorders:					
		Conductive Hearing Loss: Diseases of the Ear					
		Mixed Hearing Loss					
		Central Deafness Hearing Loss					
		Psychological Hearing Loss					
		Criteria for Medical Referral					
		Pure Tone Audiometry					
		Masking and its Application when utilized with Pure Tone Audiometry: Rationals; Methods; Techniques					
		Speech Audiometry					
		Masking and its Application when utilized with Speech Audiometry					
		Sound Field Testing					
		Audiogram Analysis and Interpretation					
		Proper Ear/Ears Selection; Hearing Instrument Selection: (Evaluating Fitting Criteria)					
		Cros/Bi-Cros: Rationale and its Application					
		Prescription Hearing Aid Measurements					
		Interpretation of Hearing Instruments Specification Data					
		Impression Technique					
		Earmolds; Shell Design; and their Effect on Frequency Response					
		Types of Hearing Instruments; Major Components; Function					
		Clients Counseling and Delivery as it pertains to prescription Hearing Aid usage and care for optimum performance					
Trai	nee Na	ame: Trainee Program Number: _					
Trai	nee Si	gnature: Date: MM/DD/Y					
		MM/DD/Y	YYY				
Sponsor Name:		ame: Sponsor License Number:	Sponsor License Number:				

Sponsor Signature:

MM/DD/YYYY

\_ Date: \_\_\_