



**State of Nevada**  
**Speech-Language Pathology, Audiology & Hearing Aid Dispensing Board**

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## Hearing Aid Apprentice On-Site Training Completion & Competency Evaluation

Apprentice Name: \_\_\_\_\_ License #: \_\_\_\_\_

<b>Competency Evaluation</b> <i>Please evaluate the Apprentice's achievement of the following core competencies:</i>	<b>Needs Improvement</b>	<b>Competent</b>
Sanitation Protocols		
Identification & Documentation of Client Needs		
Visual Inspections of the Ear & Otoscopic Examinations		
Audiometric Testing		
Results of Hearing Evaluations		
Ear Impressions, Preparations, and Molds		
Physical & Electronic Checks of Hearing Aids		
Fitting, Programming, Troubleshooting, Adjusting, & Repairing Hearing Aids		
Client Documentation		

**Affidavit of Completion of Training – TO BE SIGNED BY SPONSOR OF RECORD**

I hereby certify that \_\_\_\_\_ has successfully completed the Hearing Aid Specialist Apprenticeship Program competency requirements while under my sponsorship and supervision.

This training was completed between: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

\_\_\_\_\_  
 Signature: Sponsor of Record License # \_\_\_\_\_ Date \_\_\_\_\_

**Acknowledgement and Declaration of Applicant**

I declare, under penalty of perjury, all the information supplied herein is to the best of my knowledge true, accurate and complete and I have not withheld, misrepresented, or falsely stated any information relevant to my training or experience or my fitness to practice as a Hearing Aid Specialist in the fitting and dispensing of hearing aids.

\_\_\_\_\_  
 Signature: Apprentice License # \_\_\_\_\_ Date \_\_\_\_\_