



HEARING AID SPECIALIST & HEARING AID SPECIALIST APPRENTICE VERIFICATION OF ON-SITE TRAINING & WORK EXPERIENCE

Per NAC 637B, as revised in LCB File R026-25, an applicant for a license to practice hearing aid fitting and dispensing may receive credit for on-site training and work experience completed while licensed as hearing aid specialist, hearing aid specialist apprentice, or equivalent in any U.S. state or territory or the District of Columbia. Completion may be confirmed by a state licensing Board or verified by the licensed audiologist or hearing aid specialist who supervised the on-site training and work experience.

Applicant Name: _____

Application Type: HAS Standard HAS Temporary HAS Provisional HAS Apprentice

TO BE COMPLETED BY SUPERVISING AUDIOLOGIST/HEARING AID SPECIALIST

Location of On-Site Training and Work Experience: _____

Start Date: _____ End Date: _____ Total Months: _____

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

Name of Person Completing Form: _____

Employer & Address: _____

Email: _____ Phone: _____

License Type: Licensed Audiologist Licensed Hearing Aid Specialist

License #/State: _____

I attest that the verification of on-site training and work experience is true and accurate.

Signature

Date